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# STUDENT HANDBOOK



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U.S. Army Student Detachment  
Troop Brigade  
U.S. Army Soldier Support Center  
Fort Benjamin Harrison, IN 46216-5820

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JUNE 1991

93-11729



## ADDRESS AND TELEPHONE NUMBERS

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Secretary.....5649  
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### Student Support (ATZI-TBD-S)

Chief.....5662  
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ORB Corrections.....(317) 542-4378  
PCS Orders, PCS Processing, Pinpoint Assignments, Concurrent  
Travel, RFO's.....(317) 543-7753/7752

### FINANCE & ACCOUNTING OFFICE(FAO)

Military Pay.....(317) 542-3942  
Travel Pay.....(317) 542-3930

### TRANSPORTATION

Port Calls/Passports.....(317) 549-5732

y Codes

and/or  
Special

A-1

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## W E L C O M E

1. Welcome to the United States Army Student Detachment (USASD). We, the staff, congratulate you on having been selected to participate in a special education program as part of your military professional development. The assignment on which you are embarking will be unique in many respects; but, most importantly, it will be unique because you will be in a non-Army environment.

2. While you are in school, you will be assigned to the United States Army Student Detachment, Fort Benjamin Harrison, IN. You will be geographically separated from your personnel records and finance data. All personnel, finance, and administrative support will be provided by Fort Benjamin Harrison activities. USASD is your link to those supporting activities. We function as both your unit and a battalion level Personnel Administration Center. Our primary mission is to make your upcoming tour one which is free of problems.

## P U R P O S E

This handbook has been prepared to help you answer many procedural and administrative questions that may arise because you are geographically separated from your unit of assignment. Its value is determined by the way you use it. We ask that you read through the handbook now and keep it handy. When you have a question or problem, refer to this handbook before calling or writing us. This will save you time and it will enable us to better serve your needs.

## S C O P E

Policies and procedures apply to all students assigned to USASD, unless stated otherwise.

## O U R   R E S P O N S I B I L I T I E S

1. The United States Army Soldier Support Center (SSC) is responsible for the command and control, personnel administration, and pay related matters of all personnel assigned or attached to Fort Benjamin Harrison. The following organizations are subordinate elements of the SSC.

a. Troop Brigade is responsible for the training of all personnel assigned to Fort Benjamin Harrison and has Uniformed Code of Military Justice (UCMJ) authority for individuals assigned to USASD.

b. The U. S. Army Student Detachment is a subordinate element of Headquarters, Troop Brigade. USASD coordinates all actions, to include pay, personnel administration, and medical/dental care and military travel for all assigned or attached personnel.



c. The Military Personnel Division (MPD) processes all personnel actions, maintains the Military Personnel Records Jacket (MPRJ) (DA Form 201), prepares Academic Evaluation Reports (AERs), and issues Permanent Change of Station (PCS) orders.

d. Resource Management Office (RMO), Directorate of Personnel and Community Activity (DPCA), is responsible for fund control/payment of tuition, textbooks, and supplies for fully funded students.

e. The Finance and Accounting Office (FAO) acts on all finance matters for all personnel assigned or attached to USASD.

2. Elements of the Total Army Personnel Command (PERSCOM), Department of the Army, perform the following:

a. The Officer Personnel Management Directorate (OPMD) selects, assigns, and monitors the training of all officers and warrant officers assigned or attached to USASD.

b. Education Branch approves funds for contracts, to include tuition fees, and TDY travel for fully funded students in accordance with AR 621-1 (Training of Military Personnel at Civilian Institutions). They coordinate the funding for the Training With Industry, Fellowship, and Congressional Liaison Programs.

#### YOUR RESPONSIBILITIES

1. HANDBOOK. All students assigned to USASD must follow the guidance provided in this handbook.

2. FULL-TIME STUDENT. As a full-time student, you must devote full-time to your academic studies. Therefore, business activities must be restricted as outlined in AR 600-50 (Standards of Conduct for Department of the Army Personnel). This includes being paid to teach or to assist a professor. Professional activities, such as speeches and personal appearances, will be limited to those which are directly related to your academic studies. Questions concerning potential conflicts of interest should be directed to Commander, USASD.

3. PART-TIME EMPLOYMENT. All students, even those on programs more than one year in duration, will not be allowed to work during their first semester prior to establishing a grade point average (GPA). Students in school for one year or less will not normally be granted permission to work part-time. However, in the event of extreme situations, the Commander, USASD, may grant an exception to policy when the student is maintaining above a 3.0 GPA. The GPA will be maintained while working part-time.

If the GPA is not maintained, the Commander will revoke the authority for the student to work. Students requesting authorization to work must submit in writing the following to Commander USASD.

a. DA Form 2125 that reflects all grades received for completed semesters.

b. Justification for Additional Employment outside of U.S. Army.

Students who are authorized to work part time will submit a copy of their DA 2125 to Commander USASD at the end of each semester.

4. PERSONAL APPEARANCE. The Army is a uniformed service. Therefore, a neat and well-groomed appearance is fundamental and contributes to building the pride and esprit essential to an effective military force. While you are attending school, you are expected to maintain a soldierly appearance in accordance with AR 670-1. Physical fitness and acceptable weight standards are also important factors in personal appearance and will be monitored periodically by USASD.

5. ARMY PHYSICAL FITNESS PROGRAM (APFT). As a student assigned to USASD, you are required to take a semiannual APFT. Tests will be taken during the months of April-May and September-October. Specific instructions and guidelines for the APFT and Weight Control Program begin on page 81.

6. UNIFORM REQUIREMENTS. Wearing your uniform to class depends on the school you are attending. Most of the military schools require uniforms to be worn to class. If you are attending a civilian school, wearing your uniform to class and commencement exercise is optional, if your school does not object.

#### SHOULDER INSIGNIA AND UNIT CREST

While assigned to USASD, it is recommended you wear the shoulder sleeve insignia and crest of your last duty station. If you desire, the US Army Soldier Support Center (SSC) crest and shoulder insignia worn by USASD permanent party personnel may be worn. You may buy the SSC crest and shoulder insignia by sending a personal check or money order to the Military Clothing Sales Store, Fort Benjamin Harrison, IN 46216. We suggest you call the Clothing Sales Store directly at (317) 549-5704, to obtain current prices. They will mail your order to the address you provide.

## ADDRESSES AND TELEPHONE NUMBERS

1. All students must provide USASD a mailing address and telephone number where they can be reached. This information will be used for official purposes only and will not be shared with outside agencies or individuals without the permission of the soldier.
2. The inside cover of this handbook contains our mailing address, to include office symbols, and our telephone numbers.
3. USASD has access to a CONUS-wide telephone system. Therefore, no collect calls will be accepted.
4. If you do not have access to an AUTOVON, you may save on commercial costs by calling USASD and giving your complete name and phone number and requesting your call be returned (CONUS only).

## INPROCESSING

This section provides instructions on what you should do before leaving your present duty station, to report for duty, and for administrative inprocessing. Your adherence to these instructions will eliminate many of the inprocessing delays that often result on a permanent change of station. If you need more guidance contact the USASD Student Support Section.

### BEFORE YOU LEAVE YOUR LOSING COMMAND

1. Review your reassignment orders to make sure all information is correct and complete. Orders MUST reflect:
  - a. Assigned to: U. S. Army Student Detachment (UIC (30UAA) Fort Benjamin Harrison, IN, with duty station (name and location of school or training agency, to include zip code.
  - b. Report date: either the first day of class or last day of late registration, whichever is earlier.
  - c. A not-earlier-than (NET) date: no more than 10 days before reporting date. NOTE: Some military schools may authorize less than 10 days and some foreign schools may require more than 10 days. You must personally coordinate with your branch for an exception to policy.
  - d. Service obligation: See information on service obligation on page 60.

e. Period of study, degree to be awarded and discipline or major course of study (if applicable), and a statement indicating if the schooling is fully funded or at no expense to the government (civilian schooling only).

f. A statement on declaration of full mobilization.

2. If your orders do not contain all of the above items, immediately contact your losing personnel office for an amendment to your orders. If this information is missing or wrong, your inprocessing will be delayed.

3. Immediately send a copy of the following: orders, RFO and any amendments to: Commander, USASD, ATTN: ATZI-TBD-A, Fort Benjamin Harrison, IN 46216-5820.

4. Update all records, including the following:

a. Check with your local Military Personnel Division to see when your physical and photograph is due. Send current copy with your 201.

b. Update your ORB within 30 days before your departure.

c. Send copies of all required documents to your branch, PERSCOM to update your OMPF before reassignment to USASD.

5. Review your DA Form 31 (Request and Authority for Leave). In accordance with AR 630-5, you must be issued a PCS DA Form 31 before departing unless you leave and report within the authorized travel time. Blocks 18, 19 and 20 of the DA 31 must be completed by your losing personnel office. If you do not want to take leave in route, do not leave your current unit earlier than the NET date specified in your orders, minus authorized travel time. You should contact your local travel office or MPD to determine your authorized travel time.

6. If you are being assigned to a school in CONUS where government housing may be available, make sure that either a DA Form 4787 (Reassignment Processing) (for Army housing only) or DD Form 1747 (Application for Family Housing) (for other services housing) is completed and sent to the housing office having geographical responsibility for your new duty station. If you plan to buy a house through VA and DD Form 1747 is required, contact the housing office nearest your new duty station for a completed DD Form 1747. If your duty station is within a one hour commute and is less than 30 miles from the nearest military installation, you may be required to accept government quarters. If you are married, you are required to contact the family housing office nearest your new duty station before buying or leasing a residence. The decision on whether or not you live in government quarters is the responsibility of the local housing office.

Single personnel are authorized to reside off-post regardless of the availability of quarters. NOTE: If you are being assigned to the Naval Postgraduate School (NPS), Monterey, California, be advised that this is a high cost area and government Quarters are in great demand. The housing director for NPS advises that the waiting period for quarters may be up to six months.

7. Make sure that the following items are outprocessed and in your possession before you leave:

a. MPRJ (DA Form 201) to include your Transfer Data Record (TDR) Cards and ORB.

b. DD Form 1588 (Record of Travel Payments).

c. Medical and Dental Records (DD Form 772-1) for yourself. These records will be kept by the military medical facility from which you receive treatment. If no military medical facility is available, keep the records in your possession.

d. Individual Flight Records (DA Form 3513) (applies to aviators only).

8. Review your personal finances to see if:

a. A travel advance is needed. Reimbursement for PCS travel and dislocation allowance may require four to six weeks after documents are received and transmitted for computation. You are authorized either advance travel pay or the issuance of a Transportation Request (TR). Requests must be approved before you leave your present duty station.

b. Advance dependent travel is needed. Advance dependent travel is not authorized if TRs are issued for your dependents. Advance must be paid before your departure.

c. Before you depart your duty station, a one month advance pay may be authorized in conjunction with a PCS move, provided all other advanced pays are liquidated. Two additional advances may be approved at the gaining station based on sufficient justification. Second and third month advances are not automatic entitlements. If you are experiencing a hardship due to the PCS move, insure it is justified on the DD Form 2560. All advanced pays must be liquidated one month prior to your next PCS move. A proration for longer than 12 months must be fully documented. An advance pay request is submitted on DD Form 2560, listing your justifications and totaling the expenses. Your address must be listed on the front of the DD 2560. An advance is not intended to provide funds for items such as investments, vacations, to pay off loans, or purchase of consumer goods that are not incident to your PCS move.

d. You have made the necessary changes for your end-of-month and mid-month checks. Although your monthly pay should continue while you are enroute, it, along with any allotments, may be temporarily held in accrual unless you have properly notified USASD of your arrival. This is primarily done via return of all inprocessing forms. If you are near a U. S. Army military installation you can have the finance office verify that your pay is not in accrual before you start writing checks. If not near a military installation, call us for assistance.

9. If you are planning a Do-It-Yourself (DITY) move, contact the local transportation office for documents and instructions.

10. You may be eligible for Temporary Lodging Expense (TLE) during this move. For further information on TLE see page 11 and have your departing finance office provide you with the latest information. TLE CAN BE PAID AT THE NEAREST MILITARY INSTALLATION, or you can mail it to the USASD for payment.

#### INPROCESSING PACKET

1. This handbook and the enclosed forms make up your Inprocessing Packet. Some of the forms will be needed for inprocessing, the others should be kept for future use while assigned to USASD. Your packet includes the following forms:

- a. Inprocessing Information (FBH Form 40-3-13)
- b. Army Weight Control Statement (FBH Form 40-3-29)
- c. Student Inquiry (FBH Form 40-3-2)
- d. Authorization to Start or Stop BAQ Credit (DA Form 3298)
- e. Certification of Entitlements VHA and BAQ (FBH Form 40-3-1)
- f. VHA Certificate (DA Form 5545)
- g. Travel Voucher or Subvoucher (DD Form 1351-2)
- h. Voucher Claim for Dependent Travel and Dislocation or Trailer Allowance (DD Form 1351-4).
- i. Overseas Housing Allowance Packet (see page 12)
- j. JUMPS - Army Allotment Authorization (DD Form 2558)
- k. Savings Bond Allotment (DD Form 2559)
- l. Employee's Withholding Allowance Certificate (Form W-4)

- m. Certificate of Legal Residence (DA Form 2058)
- n. JUMPS - Army Pay Elections (DA Form 3685R)
- o. Direct/Deposit Sign-Up Form (SF Form 1199A)
- p. Request and Authority for Leave (DA Form 31)
- q. Officer Assignment Preference Statement (DA Form 483)
- r. United States Army Student Detachment Change of Personal Data (FBH Form 40-3-24)
- s. Personnel Action (DA Form 4187)
- t. Preaddressed envelopes (Altering the "To" address in any form is prohibited by law.)

2. DA Form 2125 (Report to Training Agency) will be included if you are attending a civilian school under AR 621-1 (Training of Military Personnel at Civilian Institutions) or AR 621-7 (Acceptance of Fellowships, Scholarships, or Grants). Additional blank forms are available from your Student Liaison Officer.

### THREE WAYS FOR INPROCESSING

1. ON-SITE INPROCESSING. If you are assigned to a school selected for on-site inprocessing, your school representative will tell you the time and place to report. You must report with all of your records and necessary documents to complete inprocessing forms. All forms will be provided by the USASD inprocessing representative.
2. IN-PERSON INPROCESSING. You may report in person to USASD located on the first floor of the Emmett J. Bean Center, Building 1, Fort Benjamin Harrison, enroute to your new duty station. You WILL NOT be authorized additional travel time or reimbursement for this travel. Inprocessing cannot be completed until you have reached your duty station; however, USASD personnel will help you start required forms.
3. MAIL INPROCESSING. If on-site inprocessing is not scheduled and you do not report in person, complete and mail required documents with your records not later than five days after your reporting date IAW Inprocessing Procedures beginning on page 9. Inprocessing will not be started until all required records and documents have been received by USASD. A preaddressed envelope is provided in your Inprocessing Packet. We strongly suggest you send your records certified or registered mail to assure we receive them. (NOTE: Use of certified or registered mail at government expense is not authorized for this mailing.)

## REPORTING

1. You are not authorized to report for duty earlier than the NET date specified in your orders. If your orders do not show a NET date, comply with paragraph 2, page 5 before you leave your current duty station.

2. If you are attending a military school, request you contact the Army Advisor for reporting and inprocessing procedures that apply to your school, or if attending a civilian institution contact the Student Liaison Officer. Contact may be made by telephone or correspondence before arriving at your duty station or in person immediately on arrival. If you are selected to attend a foreign military or civilian school, comply with reporting instructions contained in PCS orders or contact USASD for specific instructions before leaving your current duty station.

a. Student Liaison Officer (SLO). A SLO has been appointed for each civilian school having full-time Army students assigned. The name, address, and phone number of the SLO is in your Inprocessing Packet. If there are no other students attending your school or the name of a SLO has not been furnished, contact the USASD Student Liaison Coordinator at Comm 317-549-5657, or AV 699-5657.

b. Army Advisor. Each CONUS service school has a full-time Army Advisor. In most cases, you will receive a "Welcome Packet" from the school, in addition to the packet from USASD, giving you specific instructions and dates for on-site inprocessing.

## INPROCESSING PROCEDURES

The following paragraphs will provide you with all the necessary information and instructions to complete your inprocessing to USASD. Your inprocessing should be accomplished in four parts: Records and Related Documents, Personnel, Finance Pay Actions, and Travel. All forms required to complete your inprocessing have been provided in the Inprocessing Packet along with this handbook. You will find samples of the forms you must complete at the end of this section. After reading this section on inprocessing, if you have any questions please feel free to contact us for further assistance. Upon completing and assembling the documents requested, mail them in the envelope provided to: Commander, U.S. Army Student Detachment, ATTN: ATZI-TBD-A, Fort Benjamin Harrison, IN 46216-5820.



#### RECORDS AND RELATED DOCUMENTS REQUIRED FOR INPROCESSING.

1. You are required to send USASD your Military Personnel Records Jacket (DA Form 201), TDR (Transfer Data Record), and Officer's Record Brief (ORB).
2. You are required to send USASD your Payroll Suspense Documents Envelope (DA Form 2356) or Personal Finance Record (DA Form 3716) (National Guard Officers).
3. Individual Flight Records (DA Form 3513). All aviators not assigned to operational flying positions must send their Individual Flight Records. These records will be kept with the DA Form 201 while assigned to USASD. Flight records for aviators assigned to operational flying positions will be kept by the Flight Detachment shown in assignment orders.
4. Permanent Change of Station (PCS) Orders. Twenty-five copies of your PCS orders and all amendments must be sent with your records and inprocessing documents.

#### PERSONNEL DOCUMENTS REQUIRED FOR INPROCESSING

1. INPROCESSING INFORMATION (FBH Form 40-3-13). This form (see page 14) must be completed by all students and is the official "sign in" document for reporting to USASD. Furnish all information requested as this form is used to establish your entry on our local data base.
2. ARMY WEIGHT CONTROL STATEMENT (FBH Form 40-3-2). This form (see page 15) must be completed by all students and is used to ensure the weight or body fat standards are met for enrollment in any full-time military or civilian education program. This statement must be witnessed and signed by another officer.
3. OTHER DOCUMENTS. Enclose any documents to update your personnel records such as photographs, copy of physical examination results, and any awards not posted to your file.

#### INPROCESSING FINANCE PAY ACTIONS

The following documents or information may be applicable based upon individual finance requirements.

1. STUDENT INQUIRY (FBH Form 40-3-2). This form (see page 15) is to be used to request Temporary Lodging Expenses (TLE) payment. If you do not desire TLE, disregard and go on to the next document. If you desire TLE payment, complete this form and enclose with your inprocessing documents. The following guidance is provided.

2. ADVANCE PAY. If you have met the requirements for advance pay on page 33, send a completed DD Form 2560 (which you may request from USASD) with your inprocessing documents.

3. TEMPORARY LODGING EXPENSE (TLE). Submit a request for TLE on the Student Inquiry Form to the nearest military installation or mail to the USASD. In accordance with Part H of the Joint Federal Travel Regulation you may be authorized to apply for TLE within CONUS. TLE allowance is authorized to partially offset the added living expenses incurred within CONUS by members and their family members when it is necessary for the member and/or family members to occupy temporary lodgings incident to a permanent change of station.

a. Applies to all uniformed members and/or family members who occupy temporary lodgings.

b. TLE is authorized for a total of 4 days in connection with a PCS, 2 days in vicinity of old duty station and 2 days in vicinity of new duty station, or 4 days at either old station or new station or any combination up to 4 days.

c. Include all receipts when requested.

d. If near a military installation, you must use the guest house if rooms are available. If there are no vacancies, obtain a statement of non-availability.

e. Your request must state whether you had kitchen facilities available.

f. You must include the number of family members who shared temporary lodging.

#### 4. RESTRICTIONS

a. You may claim TLE for yourself only if you have not signed out of old duty station or have signed in to your new duty station.

b. You are not eligible to receive TLE if you are receiving per diem.

5. AUTHORIZATION TO START OR STOP BAQ CREDIT (DA Form 3298). This form (see page 16) must be completed by all individuals who are married or have dependents and are not living in government quarters. Complete the top right hand part of the form, and the block "REASON FOR BAQ ACTION" on the left hand side of form. The most common reason for BAQ action is marriage. If you are married and never have been divorced, enter your EAD (Entry Active Duty Date) and DOM (Date of Marriage) as illustrated on sample form.

If you are entitled to BAQ for reasons other than marriage, request you contact our Finance Clerk for assistance.

6. CERTIFICATION OF ENTITLEMENTS VARIABLE HOUSING ALLOWANCE (VHA) AND BASIC ALLOWANCE FOR QUARTERS (BAQ) (FBH Form 40-3-1). This form (see page 16) must be completed by all students. Request you check appropriate block(s) that pertain to your individual situation (more than one block may be checked). If your dependents have recently terminated government quarters or have been assigned government quarters, you must attach two copies of the termination or assignment letter to this form.

7. VHA CERTIFICATE (DA Form 5545). This form (see page 17) must be completed in three copies by all students who are entitled to receive (VHA). You must attach a copy of your lease or rental contract and/or mortgage contract before VHA can be initiated. For more information on VHA, see page 31.

8. OVERSEAS HOUSING ALLOWANCE (OHA).

a. OHA is based on a monthly computation and is designed to reimburse you for your housing expenses based on the actual monthly rental cost within a prescribed ceiling. Two key factors are used in computing OHA for each locality:

(1) Actual rental cost or rental ceiling  
(whichever is less).

(2) Average utility expense.

b. The money amounts for the maximum rental ceiling and utility expense are established for each locality by the Per Diem, Travel, and Transportation Allowance Committee and are published in the Joint Federal Travel Regulations (JFTR).

c. If you are assigned to an overseas school, you will need to submit a DA Form 4187 (Personnel Action) (page 17) and DD Form 2367 (Individual Overseas Housing Allowance) (page 19) Ensure that the following guidance is adhered to.

(1) Individual Responsibility. Sign both forms, attach a copy of your lease agreement, and forward the request to U.S. Defense Attache Office (USDAO).

(2) USDAO Responsibility. Complete all items in remarks section of DA Form 4187 and DD Form 2367. Insure all money amounts are in US dollars and lease is in English. If the lease agreement requires interpreting, forward lease and DA Form 4187 to the Housing Referral Office (HRO).

(3) HRO Responsibility. Verify lease to insure it is valid, complete DA Form 4187, and attach statement of non-availability of quarters when applicable. Return completed documents to individual.

d. OHA and Cost of Living Allowance (COLA), if applicable, will not be authorized for payment until inprocessing documents, personnel records, finance documents, and information required in OHA instructions have been received by USASD. It is your responsibility to insure that all required actions have been completed before transmitting documents to USASD for processing.

9. OTHER PAY DOCUMENTS. You may submit other pay actions you desire when sending your inprocessing documents to us. These may include, but are not limited to, Army Pay Elections, Army Allotment Authorization, Employee's Withholding Allowance Certificate (W-4), and Certificate of Legal Residence. More information may be found in the finance section beginning on page 29.

#### PAYMENT OF PCS TRAVEL ALLOWANCES

All travel and dislocation allowances will be paid by check. Reimbursement should be received four to six weeks after inprocessing has been completed. During peak inprocessing months (June through September) processing time will take longer. Reimbursement for a DITY move will take a minimum of six to eight weeks processing time.

NOTE: Students attending foreign schools must ensure that all documents are sent to USASD. Though there may be local Army facilities in your area, Ft Benjamin Harrison maintains your finance and personnel records.

INPROCESSING INFORMATION  
United States Army Student Detachment  
Fort Benjamin Harrison, Indiana 46216-3620

1. **PRIVACY ACT INFORMATION:** In compliance with the Privacy Act of 1974 and by authority of Title 10, USC Section 3012, the following information is obtained to inprocess personnel to the United States Army Student Detachment.

2. Collection of requested information is voluntary. Failure to provide required data and records could result in the individual being dropped from the JUMPS Army Pay System.

3. I have read and understand the above Privacy Act and the student handbook. The following information and checklist (see reverse side) have been completed in connection with my assignment/attachment to USASD: (Please print or type all entries).

19. 91 I departed my last permanent assignment at 0730 hours, 9 JAN, per DA Form 31 (Leave form).

20. 91 I reported to my new duty assignment at 1300 hours, 20 JAN. **NOTE:** If your orders reflect a **NOT EARLIER THAN (NET) REPORTING DATE**, you are not authorized to officially report for duty until on or after that date. If orders do not reflect a NET date, you are authorized to report for duty NET 10 days prior to the first date of class or last day of registration, whichever is earlier.

c. Current mailing address: 312 BEDFORD CIRCLE  
NORTH SYRACUSE, NEW YORK Zip Code: 13212

d. Home telephone number: (315) 555-1212

e. Office telephone number: (315) 555-5555

f. Name/location of school/training agency: SYRACUSE UNIV.  
SYRACUSE, NEW YORK Zip Code: 13210

g. Scheduled completion date: 08/19/ 91  
(Month/Day/Year)

h. Name, address, telephone number and relationship of next of kin:

JANE A. DOE, SPOUSE, SAME AS ABOVE

OFFICE USE ONLY  
1. X Signature 25 JAN 91 Date

2. JOHN LEE DOE  
Print first, middle, and last name

3. CPT 555-55-5555 QM  
Grade SSN Branch

FRONT

SAMPLE  
Inprocessing Information  
FBH Form 40-3-13

BACK

INPROCESSING CHECKLIST

I have completed this checklist IAW instructions in the student handbook.

| CHECK RESPONSE  | YES                                 | NO                       | N/A                                 |
|---|-------------------------------------|--------------------------|-------------------------------------|
|   |                                     |                          |                                     |
| 1. I have enclosed the following items:   |                                     |                          |                                     |
| a. DA Form 201 (NPRJ), ORB  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. DA Form 2356 (Payroll Suspense Document Envelope) or Personnel Finance Records (DA Form 3716 - National Guard Officers only) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. For aviators, DA Form 3513 (Individual Flight Records)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. 25 copies of PCS orders and any amendments   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| e. FBH Form 40-3-29 (Army Weight Control Statement)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| f. FBH Form 40-3-2 (Student Inquiry) used for Finance Pay Advances or Temporary Lodging Expense (TLE) Payments                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| g. DA Form 3298 (Authorization to Start or Stop BAO Credit)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| h. FBH Form 40-3-1 (Certification of Entitlements)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| i. Quarters Termination Letter and/or Quarters Assignment Letter  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| j. DA Form 5545 (VNA Certificate) and mortgage/rental/lease contract  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| k. Overseas Housing Allowance (OHA) Packet  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| l. DA Form 31 (Request and Authority for Leave)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| m. DA Form 1351-2 (Your Travel Voucher)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| n. DA Form 1351-4 (Dependent Travel/Dislocation Voucher or DLA Without Dependents)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| o. DITY MOVE (Do-It-Yourself), a separate DA Form 1351-2 must be submitted in addition to your travel voucher                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| p. Other Enclosures (please list):  |                                     |                          |                                     |

DA Form 1341

**ARMY WEIGHT CONTROL STATEMENT**  
UNITED STATES ARMY STUDENT DETACHMENT  
FORT BENJAMIN HARRISON, INDIANA 46216 5820

1. I understand that I must meet the weight or body fat standards of AR 600.9, Army Weight Control Program, to be enrolled in any full-time military or civilian education program.
2. If I do not meet the weight standards of AR 600.9, I HAVE HAVE NOT (Circle One) attached DA Form 5500-R (male) 5501-R (female) to show that I meet the body fat standards.
3. The following information pertains to me:  
Height (in.) 6'7"  
Weight 155  
Age 37  
Sex MALE
4. I will send this statement along with my processing documents to the US Army Student Detachment.

X SIGNATURE OF WITNESS \_\_\_\_\_  
X SIGNATURE OF SOLDIER \_\_\_\_\_  
X TYPED NAME & TITLE \_\_\_\_\_  
X TYPED NAME & TITLE \_\_\_\_\_  
X DATE \_\_\_\_\_

WITNESS CERTIFIES THAT THE SOLDIER'S HEIGHT, WEIGHT, AGE, AND SEX ARE CORRECTLY ENTERED. IF A BODY FAT WORKSHEET IS ATTACHED, WITNESS CERTIFIES THAT IT IS PROPERLY COMPLETED.

|                   |       |
|-------------------|-------|
| FOR USAO USE ONLY |       |
| REPORTING         | _____ |
| CDR               | _____ |
| ISS               | _____ |
| ACTION            | _____ |
| FILE              | _____ |

DA FORM 103-15 NOV 78

Army Weight Control Statement  
FBH Form 40-3-29

SAMPLE

**STUDENT INQUIRY**

DATA REQUIRED BY PRIVACY ACT OF 1974

Authority for collection of personal information is SEC 301, TITLE 5 USC. The purpose of this form is to assist individuals when making inquiries to the Student Detachment. Information contained on this completed form will be used by Student Detachment personnel to identify the individual, the nature of his inquiry and the type of action necessary. Disclosure of SSN is mandatory since the SSN is the service member's identification number. Disclosure of other information is voluntary. Not providing information requested on the inquiry form will result in no action being taken by the USA Student Detachment.

NAME DOE, JOHN L. GRADE CPT SSN 555-55-5555  
CURRENT MAILING ADDRESS 312 BEDFORD CIRCLE, NORTH SYRACUSE, NEW YORK 13212  
NAME AND LOCATION OF SCHOOL SYRACUSE UNIV, SYRACUSE, NEW YORK 13210  
GRADUATION DATE 08/18/91 HOME PHONE (315) 555-1212  
PROBLEMS/QUESTIONS REQUEST 3 MONTHS ADVANCE PAY TO DEFERRAY MOVING EXPENSES. PRORATE OVER 2 MONTHS. MAIL TO ABOVE ADDRESS.

REMARKS

X SIGNATURE \_\_\_\_\_  
X DATE \_\_\_\_\_

FBH FORM 40-3-1 DEC 85

Student Inquiry  
FBH Form 40-3-2

DATA REQUIRED BY PRIVACY ACT OF 1974

4240 Q. I understand that the purpose of the information is to certify entitlement to VHA and BAH. Is that correct?

| NAME (Last, First, MI) | SSN         | GRADE |
|------------------------|-------------|-------|
| DOE JOHN L.            | 555-55-5555 | CPT   |

Please check (✓) all appropriate blocks below, sign and date

## CERTIFICATIONS

© 2000 Blackwell Science Ltd *Journal of Internal Medicine* 247: 111–117

SYRACUSE UNIVERSITY  
SYRACUSE, NEW YORK 13210

I am single and authorized BAOBAC without dependents in my own right. I am not residing in bachelor officer quarters. My dependents and I are not residing in government quarters and entitlement to BAOBAC exists. I am currently residing in government quarters. Rate of assignment of the quarters was \_\_\_\_\_.

My dependents are residing in government quarters.

My dependents are not residing in the government quarters (please specify address or mailing the private address details, if applicable):

Government quarters were terminated on 8 JAN 91. Attach a copy of the "Term" portion of document 1.

10. The Commission has also been informed that the Government of India has been requested to provide information on the progress of the implementation of the recommendations of the Commission's report on the subject.

the fact that the *Journal of the American Medical Association* has been the only journal to publish a study of this type.

Am authorized SAQ without dependents

and divorced and have dependents not residing in government quarters. Therefore entitlement to BAO is possible.

100

11/11/2017 10:00 AM Page 11

Results

understand that at any time there is a change in the status of my dependents or myself which affect VHA or BAQ, it is my responsibility to notify the USASG immediately. This includes assignment or termination of government quarters, the family quarters, government leased housing, birth or deaths or marriages. The above information is true to the best of my knowledge.

X Signature and date

FORM 4011 SEP 85

## SAMPLE

Authorization to Start or Stop BAQ Credit  
DA Form 3298

Certification of Entitlements  
FBH Form 40-3-1

[illegible]

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

КОД 3298





| AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT FOR ACTIVE DUTY OR RETIRED PERSONNEL   |  | CONTROL NO. |  |
|--|--|-------------|--|
| <p><b>AUTHORITY:</b> 31 USC 101 (a)(10), E.O. 9187, November 1941 (SSN)</p> <p><b>PRINCIPAL PURPOSES:</b> To permit start, changes or stop in allotments other than bond allotments. To maintain a record of allotments other than bond allotments and ensure start, changes and stop are in keeping with member's desires.</p> <p><b>ROUTINE USES:</b> Information may be released to computer service centers and other accounting services when such centers and services are authorized agents of financial organizations. Information may be released to the Federal Reserve System when payment of allotments is made through the electronic fund transfer system to a financial organization. Records may also be disclosed to Congress, allottees' Secret Service, General Accounting Office, Federal Tax and Court, U.S. Treasury, and to the Department of Justice in some cases for prosecution, investigation or for investigative purposes.</p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to provide the requested information as well as the SSN may result in the member not being able to start change or stop allotments.</p>   |  |             |  |
| <p><b>TO BE COMPLETED BY ALLOTTEE</b></p> <p>1. ALLOTTEE'S NAME (Last, First, Middle Initial) <b>DOE, JOHN</b></p> <p>2. SOCIAL SECURITY NUMBER <b>000-00-0000</b></p> <p>3. EFFECTIVE DATE (YYMM) <b>9008</b></p> <p>4. ALLOTMENT AMOUNT (Per Month) <b>143.00</b></p> <p>5. ALLOTMENT ACTION <b>X</b> a. Start <b>b</b> Stop <b>c</b> Change</p> <p>6. ALLOTMENT CLASS AUTHORIZED (If only one)</p> <p>7. ALLOTTEE'S MARITAL ADDRESS (Street or Box Number, City, State, Zip) <b>2430 BEECHWOOD DR INDIANAPOLIS, IN 46011</b></p> <p>8. ALLOTTEE'S NAME (Last, First, Middle Initial) <b>JANE DOE</b></p> <p>9. CREDIT LINE (If applicable)</p> <p>10. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, Zip) <b>2019 HARRISON DR INDIANAPOLIS, IN 46160</b></p> <p>11. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Provide Country)</p> <p>12. IF FININ MUST LIST WHERE CHECKING OR SAVINGS</p> <p>13. SIGNATURE OF ALLOTTEE <b>John Doe</b></p> <p>14. TOTAL CLASS 1 AMOUNT <b>900801</b></p> <p>15. DATE (YYMMDD) <b>900801</b></p> <p>16. ACCOUNT NUMBER (Policy Number)</p> <p>17. TOTAL CLASS 2 AMOUNT</p> <p>18. DATE (YYMMDD)</p> <p>19. TOTAL CLASS 3 AMOUNT</p> <p>20. DATE (YYMMDD)</p> <p>21. TOTAL CLASS 4 AMOUNT</p> <p>22. DATE (YYMMDD)</p> <p>23. TOTAL CLASS 5 AMOUNT</p> <p>24. DATE (YYMMDD)</p> <p>25. TOTAL CLASS 6 AMOUNT</p> <p>26. DATE (YYMMDD)</p> <p>27. TOTAL CLASS 7 AMOUNT</p> <p>28. DATE (YYMMDD)</p> <p>29. TOTAL CLASS 8 AMOUNT</p> <p>30. DATE (YYMMDD)</p> <p>31. TOTAL CLASS 9 AMOUNT</p> <p>32. DATE (YYMMDD)</p> <p>33. TOTAL CLASS 10 AMOUNT</p> <p>34. DATE (YYMMDD)</p> <p>35. TOTAL CLASS 11 AMOUNT</p> <p>36. DATE (YYMMDD)</p> <p>37. TOTAL CLASS 12 AMOUNT</p> <p>38. DATE (YYMMDD)</p> <p>39. TOTAL CLASS 13 AMOUNT</p> <p>40. DATE (YYMMDD)</p> <p>41. TOTAL CLASS 14 AMOUNT</p> <p>42. DATE (YYMMDD)</p> <p>43. TOTAL CLASS 15 AMOUNT</p> <p>44. DATE (YYMMDD)</p> <p>45. TOTAL CLASS 16 AMOUNT</p> <p>46. DATE (YYMMDD)</p> <p>47. TOTAL CLASS 17 AMOUNT</p> <p>48. DATE (YYMMDD)</p> <p>49. TOTAL CLASS 18 AMOUNT</p> <p>50. DATE (YYMMDD)</p> <p>51. TOTAL CLASS 19 AMOUNT</p> <p>52. DATE (YYMMDD)</p> <p>53. TOTAL CLASS 20 AMOUNT</p> <p>54. DATE (YYMMDD)</p> <p>55. TOTAL CLASS 21 AMOUNT</p> <p>56. DATE (YYMMDD)</p> <p>57. TOTAL CLASS 22 AMOUNT</p> <p>58. DATE (YYMMDD)</p> <p>59. TOTAL CLASS 23 AMOUNT</p> <p>60. DATE (YYMMDD)</p> <p>61. TOTAL CLASS 24 AMOUNT</p> <p>62. DATE (YYMMDD)</p> <p>63. TOTAL CLASS 25 AMOUNT</p> <p>64. DATE (YYMMDD)</p> <p>65. TOTAL CLASS 26 AMOUNT</p> <p>66. DATE (YYMMDD)</p> <p>67. TOTAL CLASS 27 AMOUNT</p> <p>68. DATE (YYMMDD)</p> <p>69. TOTAL CLASS 28 AMOUNT</p> <p>70. DATE (YYMMDD)</p> <p>71. TOTAL CLASS 29 AMOUNT</p> <p>72. DATE (YYMMDD)</p> <p>73. TOTAL CLASS 30 AMOUNT</p> <p>74. DATE (YYMMDD)</p> <p>75. TOTAL CLASS 31 AMOUNT</p> <p>76. DATE (YYMMDD)</p> <p>77. TOTAL CLASS 32 AMOUNT</p> <p>78. DATE (YYMMDD)</p> <p>79. TOTAL CLASS 33 AMOUNT</p> <p>80. DATE (YYMMDD)</p> <p>81. TOTAL CLASS 34 AMOUNT</p> <p>82. DATE (YYMMDD)</p> <p>83. TOTAL CLASS 35 AMOUNT</p> <p>84. DATE (YYMMDD)</p> <p>85. TOTAL CLASS 36 AMOUNT</p> <p>86. DATE (YYMMDD)</p> <p>87. TOTAL CLASS 37 AMOUNT</p> <p>88. DATE (YYMMDD)</p> <p>89. TOTAL CLASS 38 AMOUNT</p> <p>90. DATE (YYMMDD)</p> <p>91. TOTAL CLASS 39 AMOUNT</p> <p>92. DATE (YYMMDD)</p> <p>93. TOTAL CLASS 40 AMOUNT</p> <p>94. DATE (YYMMDD)</p> <p>95. TOTAL CLASS 41 AMOUNT</p> <p>96. DATE (YYMMDD)</p> <p>97. TOTAL CLASS 42 AMOUNT</p> <p>98. DATE (YYMMDD)</p> <p>99. TOTAL CLASS 43 AMOUNT</p> <p>100. DATE (YYMMDD)</p> |  |             |  |

Authorization to Start, Stop, or Change an Allotment DD Form 2558

| SAVINGS BOND ALLOTMENT AUTHORIZATION / ACTIVE DUTY OR RETIRED PAY (Complete a separate form for each bond action)  |  | Private Act Statement |  |
|--|--|-----------------------|--|
| <p><b>AUTHORITY:</b> 31 USC 101 (a)(10), E.O. 9187, November 1941 (SSN)</p> <p><b>PRINCIPAL PURPOSES:</b> To permit start, changes or stop in bond allotments. To maintain a record of allotments and ensure start, changes and stop are in keeping with member's desires.</p> <p><b>ROUTINE USES:</b> Information may be released to Congress, allottees' Secret Service, General Accounting Office, Federal Tax and Court, U.S. Treasury, and to the Department of Justice in some cases for prosecution, investigation or for investigative purposes.</p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to provide the requested information as well as the SSN may result in the member not being able to start change or stop bond allotments. The furnishing of SSN is required for the regular processing of savings bonds. Department of Treasury Circular Public Debt Series No. 143 (21 FEB 1951) "The Department of Treasury is required to establish the right, authority and entitlement of the allottee to receive the proceeds of the allotment. Information may prevent completion of the transaction."</p>  |  |                       |  |
| <p><b>PART A - TO BE COMPLETED BY ALLOTTEE</b></p> <p>1. ALLOTTEE'S NAME (Last, First, Middle Initial) <b>DOE, JOHN</b></p> <p>2. SOCIAL SECURITY NUMBER <b>000-00-0000</b></p> <p>3. EFFECTIVE DATE (YYMM) <b>9008</b></p> <p>4. ALLOTMENT ACTION <b>X</b> a. Start <b>b</b> Stop <b>c</b> Change</p> <p>5. ALLOTMENT AMOUNT (Per Month) <b>100.00</b></p> <p>6. ALLOTMENT CLASS AUTHORIZED (If only one)</p> <p>7. ALLOTTEE'S MARITAL ADDRESS (Street or Box Number, City, State, Zip)</p> <p>8. ALLOTTEE'S NAME (Last, First, Middle Initial)</p> <p>9. CREDIT LINE (If applicable)</p> <p>10. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, Zip)</p> <p>11. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Provide Country)</p> <p>12. IF FININ MUST LIST WHERE CHECKING OR SAVINGS</p> <p>13. SIGNATURE OF ALLOTTEE <b>John Doe</b></p> <p>14. TOTAL CLASS 1 AMOUNT <b>900801</b></p> <p>15. DATE (YYMMDD) <b>900801</b></p> <p>16. ACCOUNT NUMBER (Policy Number)</p> <p>17. TOTAL CLASS 2 AMOUNT</p> <p>18. DATE (YYMMDD)</p> <p>19. TOTAL CLASS 3 AMOUNT</p> <p>20. DATE (YYMMDD)</p> <p>21. TOTAL CLASS 4 AMOUNT</p> <p>22. DATE (YYMMDD)</p> <p>23. TOTAL CLASS 5 AMOUNT</p> <p>24. DATE (YYMMDD)</p> <p>25. TOTAL CLASS 6 AMOUNT</p> <p>26. DATE (YYMMDD)</p> <p>27. TOTAL CLASS 7 AMOUNT</p> <p>28. DATE (YYMMDD)</p> <p>29. TOTAL CLASS 8 AMOUNT</p> <p>30. DATE (YYMMDD)</p> <p>31. TOTAL CLASS 9 AMOUNT</p> <p>32. DATE (YYMMDD)</p> <p>33. TOTAL CLASS 10 AMOUNT</p> <p>34. DATE (YYMMDD)</p> <p>35. TOTAL CLASS 11 AMOUNT</p> <p>36. DATE (YYMMDD)</p> <p>37. TOTAL CLASS 12 AMOUNT</p> <p>38. DATE (YYMMDD)</p> <p>39. TOTAL CLASS 13 AMOUNT</p> <p>40. DATE (YYMMDD)</p> <p>41. TOTAL CLASS 14 AMOUNT</p> <p>42. DATE (YYMMDD)</p> <p>43. TOTAL CLASS 15 AMOUNT</p> <p>44. DATE (YYMMDD)</p> <p>45. TOTAL CLASS 16 AMOUNT</p> <p>46. DATE (YYMMDD)</p> <p>47. TOTAL CLASS 17 AMOUNT</p> <p>48. DATE (YYMMDD)</p> <p>49. TOTAL CLASS 18 AMOUNT</p> <p>50. DATE (YYMMDD)</p> <p>51. TOTAL CLASS 19 AMOUNT</p> <p>52. DATE (YYMMDD)</p> <p>53. TOTAL CLASS 20 AMOUNT</p> <p>54. DATE (YYMMDD)</p> <p>55. TOTAL CLASS 21 AMOUNT</p> <p>56. DATE (YYMMDD)</p> <p>57. TOTAL CLASS 22 AMOUNT</p> <p>58. DATE (YYMMDD)</p> <p>59. TOTAL CLASS 23 AMOUNT</p> <p>60. DATE (YYMMDD)</p> <p>61. TOTAL CLASS 24 AMOUNT</p> <p>62. DATE (YYMMDD)</p> <p>63. TOTAL CLASS 25 AMOUNT</p> <p>64. DATE (YYMMDD)</p> <p>65. TOTAL CLASS 26 AMOUNT</p> <p>66. DATE (YYMMDD)</p> <p>67. TOTAL CLASS 27 AMOUNT</p> <p>68. DATE (YYMMDD)</p> <p>69. TOTAL CLASS 28 AMOUNT</p> <p>70. DATE (YYMMDD)</p> <p>71. TOTAL CLASS 29 AMOUNT</p> <p>72. DATE (YYMMDD)</p> <p>73. TOTAL CLASS 30 AMOUNT</p> <p>74. DATE (YYMMDD)</p> <p>75. TOTAL CLASS 31 AMOUNT</p> <p>76. DATE (YYMMDD)</p> <p>77. TOTAL CLASS 32 AMOUNT</p> <p>78. DATE (YYMMDD)</p> <p>79. TOTAL CLASS 33 AMOUNT</p> <p>80. DATE (YYMMDD)</p> <p>81. TOTAL CLASS 34 AMOUNT</p> <p>82. DATE (YYMMDD)</p> <p>83. TOTAL CLASS 35 AMOUNT</p> <p>84. DATE (YYMMDD)</p> <p>85. TOTAL CLASS 36 AMOUNT</p> <p>86. DATE (YYMMDD)</p> <p>87. TOTAL CLASS 37 AMOUNT</p> <p>88. DATE (YYMMDD)</p> <p>89. TOTAL CLASS 38 AMOUNT</p> <p>90. DATE (YYMMDD)</p> <p>91. TOTAL CLASS 39 AMOUNT</p> <p>92. DATE (YYMMDD)</p> <p>93. TOTAL CLASS 40 AMOUNT</p> <p>94. DATE (YYMMDD)</p> <p>95. TOTAL CLASS 41 AMOUNT</p> <p>96. DATE (YYMMDD)</p> <p>97. TOTAL CLASS 42 AMOUNT</p> <p>98. DATE (YYMMDD)</p> <p>99. TOTAL CLASS 43 AMOUNT</p> <p>100. DATE (YYMMDD)</p> |  |                       |  |

Savings Bond Allotment Authorization DD Form 2559

DD Form 2367 (Individual Overseas Housing Allowance (OHA) Report) and a copy of the soldier's lease will be used to substantiate payment of OHA. DD Form 2367 will be completed in original and three copies. If the lease requires interpretation, this will be done by the Housing Referral Office (HRO). Statements of nonavailability, if appropriate, will be issued by HRO.

SAMPLE  
Individual Overseas Housing Allowance (OHA) Report

| INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT<br><small>Before completing, read Primary Act Statement and Warning on reverse side.</small>  |  |                       |   | REPORT CONTROL SYMBOL<br>DD FORM 2367 JAN 67 |  |
|--|--|-----------------------|---|--|--|
| <b>PART A - IDENTIFICATION AND HOUSING INFORMATION</b>   |  |                       |   |  |  |
| 1. SERVICEMEMBER<br>a. NAME (Last, first, middle initial)<br>Moyer, Glean W.   |  |                       | 2. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country)<br>1234 Karazhue, Apt. C.<br>Berlin, Germany   |  |  |
| b. PAY GRADE<br>E-7  |  | c. IDN<br>111-22-3344 | 4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (Y/M/DA)<br>870001   |  |  |
| d. DUTY LOCATION OR HOMEPORT<br>(1) Station Name<br>111 Finance Support Unit   |  |                       | 5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (If None)  |  |  |
| (2) City<br>Berlin   |  |                       | e. LOCAL CURRENCY (Specify name of currency. Report amount in block 6.)<br><input checked="" type="checkbox"/> DM   |  |  |
| (3) Country<br>Germany   |  |                       | f. U.S. DOLLARS<br><input type="checkbox"/>   |  |  |
| e. Duty Phone<br>6666  |  |                       | 6. <input checked="" type="checkbox"/> THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFY IN QUESTION 5.  |  |  |
| 7. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? a and b   |  |                       | a. LEASED/RENTED (Enter monthly rent below. If sharing report POF to host country.)<br><input checked="" type="checkbox"/> YES (Specify location)<br><input type="checkbox"/> NO OR NOT APPLICABLE  |  |  |
| b. OWNED (Enter original purchase price. Include only cost of home. EXCLUDE closing costs, taxes, etc.)<br><input type="checkbox"/>  |  |                       |   |  |  |
| <b>HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8</b>   |  |                       |   |  |  |
| 7. ARE UTILITIES AND SERVICES (EXCLUDING TELEPHONE) PROVIDED FOR BY YOUR LANDLORD AS PART OF YOUR RENTAL/LEASE AGREEMENT?  |  |                       | 8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE FOR EACH CATEGORY YOU X ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT. THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category C) |  |  |
| a. NO HOME PROVIDED<br><input type="checkbox"/>  |  |                       | a. MYSELF<br><input checked="" type="checkbox"/> 1  |  |  |
| b. YES, ALL UTILITIES PROVIDED<br><input type="checkbox"/>   |  |                       | b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "Y")<br><input type="checkbox"/>   |  |  |
| c. SOME UTILITIES PROVIDED (In address and services your landlord provides the number) (a)<br><input checked="" type="checkbox"/>  |  |                       | c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO A LIVING QUARTERS ALLOWANCE (Enter number)<br><input type="checkbox"/>  |  |  |
| (1) Electricity<br><input checked="" type="checkbox"/>   |  |                       | d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)<br><input type="checkbox"/>  |  |  |
| (2) Heating<br><input checked="" type="checkbox"/>   |  |                       | e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)<br><input type="checkbox"/>  |  |  |
| (3) Air conditioning (if it involves units used and installed premises electricity)<br><input type="checkbox"/>  |  |                       |   |  |  |
| (4) Water or Sewer<br><input type="checkbox"/>   |  |                       | TOTAL (the sum of all numbers entered "1" are considered a "Share")<br>1  |  |  |
| (5) Trash disposal<br><input type="checkbox"/>   |  |                       |   |  |  |
| <b>PART B - REMARKS</b>  |  |                       |   |  |  |
|  |  |                       |   |  |  |
| <b>PART C - CERTIFICATIONS</b>   |  |                       |   |  |  |
| 10. SERVICEMEMBER. I certify that:<br>a. The information I have reported is true and correct.<br>b. I will immediately inform my commanding officer if any changes occur to the information I have reported.<br>c. The attached copy of my housing lease/rental agreement (or certificate from landlord) is true and correct, if applicable.<br>d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable. |  |                       | 11. HOUSING REFERRAL OFFICE (HRO) OR APPROPRIATE OFFICIAL<br>I have reviewed and verified the member's lease, rental/lease agreement and information from it was properly reported.   |  |  |
| a. SIGNATURE   |  |                       | a. SIGNATURE  |  |  |
| b. DATE SIGNED   |  |                       | b. DATE SIGNED  |  |  |
| 12. AUTHORIZING OFFICIAL. I have reviewed and approved this action. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her obligations and responsibility to report any changes.  |  |                       | c. DOES MEMBER HAVE COMMAND-SPONSORED DEPENDENTS?<br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO   |  |  |
| d. TYPE HOUSING ALLOWANCE ACTION (if any)<br>X (1) Start (2) Stop (3) Cancel<br>(4) Change (5) Correct (6) Report<br>*For Air Force use only   |  |                       | e. EFFECTIVE DATE OF ACTION (Y/M/DA)  |  |  |
| d. SIGNATURE   |  |                       | e. DATE SIGNED  |  |  |

DD Form 2367, OHA, 86

## TRAVEL

This section will provide you with information and instruction for completing your travel claims.

### REQUIRED DOCUMENTS

Before you complete your travel claims you will need to assemble the following items (some of the items may not apply if you do not have dependents, or if you did not use the particular mode of travel):

1. PCS REQUEST AND AUTHORITY FOR LEAVE (DA Form 31) (see page 95). Items 18, 19, and 20 must be completed by your losing unit. If you went TDY enroute, items 26a and 26b must be completed by your TDY station. If you had an approved permissive TDY for house hunting enroute, you must enter the dates and times in block 26a and 26b (if no other TDY was involved) or in blocks 26c and 26d if completed after a previous TDY period. Your permissive TDY for house hunting must be supported by an approved DA Form 4187 signed by a LTC or higher (see page 95) IAW the leave regulation, AR 630-5. The DA Form 4187 for house hunting must be attached to your PCS Leave Form. If house hunting information is not entered in Part II, you will be charged leave for this period of time. Also, you must enter the permissive TDY information on your travel voucher itinerary. Travel vouchers will not be processed without a DA Form 31.

2. TRAVEL VOUCHER OR SUBVOUCHER (DD Form 1351-2). Complete this form (see page 28) only when travel was actually performed. Attach four copies of PCS orders, including amendments. Two copies of airline tickets and/or transportation request which were purchased by you or which were issued to you. You must have these for your family members, also. Two copies of receipts for any reimbursable expense in excess of \$25.00 must be submitted with your claim. If you were TDY enroute, two copies of lodging receipts and/or two copies of the nonavailability statement must be attached. This form must be completed to settle any advance received. If you received advanced travel and/or dislocation allowance, a copy of DD Form 1351 (Travel Voucher) must be attached. All copies of DD Form 1351-2 must be legible. DO NOT REMOVE CARBONS. If the required number of copies are not attached the 1351-2 will be returned.

3. VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE (DD Form 1351-4). To claim dependent travel and dislocation allowance, complete and submit this form (see page 28b) only when dependents have actually completed travel and established a bona fide residence. If you received advanced dislocation or dependent travel, you must complete this form to settle the advance. Attach four copies of PCS orders and two copies of receipts for transportation.

Complete voucher with either ballpoint pen or typewriter to make sure all copies are legible. CAUTION: if you have recieved an advance for dislocation allowance or dependent travel and you are not able to settle within 30 days, notify FBH travel office (317-549-3939) for an exension, OR YOUR ADVANCE WILL BE COLLECTED BACK. You are authorized to claim dislocation allowance only if:

a. You are single and government quarters are not used. Fill out block 5 on 1351-2 write DLA with out dependents. You are entitled to dislocation allowance in the amount equal to two months BAQ without dependents for your grade.

b. You are married and family members choose not to travel to your duty station, and you are not assigned government quarters. You are entitled to dislocation allowance in the amount equal to two months BAQ without dependents for your grade. If your family members join you at your duty station and establish a bona fide residence at a later date, you may submit a claim for the difference between the without and with dependent rate.

c. If your family travels later, you must submit a copy of your PCS settlement and all documents with the DD Form 1351-4.

4. DO-IT-YOURSELF (DITY) MOVES - A separate Travel Voucher or Subvoucher (DD Form 1351-2) must be submitted to claim a DITY move. Your local transportation office, prior to you leaving, should advise and provide you with the required documents needed. If you are in doubt as to which transportation office you should go to. Call FBH, IN transportation office (AV 699-5745) or Comm (317-549-5745) and they will be glad to tell you which one will service you. If you move without going to your transportation office and getting the proper forms, you will lose your incentive.

**INSTRUCTIONS FOR COMPLETING YOUR TRAVEL CLAIM (DD Form 1351-2)**

**1. HEADING/IDENTIFYING INFORMATION. Complete as shown below:**

|   |  |   |             |
|---|--|---|-------------|
| TRAVEL VOUCHER OR SUBVOUCHER  |  | (Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil) |             |
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM             |  |   |             |
| LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type)                                |  | GRADE/RANK  | SSN         |
| SMITH, JOHN P.  |  | MAJ   | 555-55-5555 |
| CHECK MAILING ADDRESS (Include ZIP Code)  |  | DUTY PHONE NO.  |             |
| Address to which you want payment mailed Your home phone                        |  |   |             |
| ORGANIZATION AND STATION  |  |   |             |
| USASD, FBH, IN w/dy school, city, state, zip code                               |  |   |             |
| TRAVEL ORDERS (Paragraph, S.O. No. Issuing Hq., Date) (Include amending orders) |  |   |             |
| Orders 111-00, HQS, Ft Huachuca, AZ, 10 June 91 (see below)                     |  |   |             |

After the information shown above, be sure to enter amendment order information, if applicable, to include issuing HQS, and date (for each amendment).

**2. PRIOR TRAVEL PAYMENTS OR ADVANCES.**

|   |
|---|
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DO Voucher No., Date received, Place paid, or DO Station No. If none, so state) |
| \$800.00, DO Vou #803561, 15 JUN 91, Ft Huachuca, AZ 50000  |

In this block enter any and all travel advances you received Enter as shown above. If you did not receive advance travel or per diem, enter "NONE".

**3. ITINERARY (Blocks 1, 2, 3, and 4):** Your travel begins when you sign out of your last permanent duty station and ends when you sign in at your new permanent duty station after completing all TDY and leaves enroute. Your new permanent station is the school which you have been selected to attend.

**EXAMPLE 1 (CONUS TO CONUS)**

Your orders reassign you from Ft Huachuca, AZ to the University of Nevada, Reno, NV, with 3 days TDY in Washington, D.C.:

| 1. ITINERARY (See Item 25 for Symbols) |                            |   |                | 2. COST OF LODG'NG |        | 3. NUMBER OF MEALS |           | 4. POC MILES |
|--|----------------------------|---|----------------|--------------------|--------|--------------------|-----------|--------------|
| DATE                                   | LOCAL TIME (24 Hour Clock) | PLACE Home, Office, Base, Activity, City and State, City and Country, etc.) | MODE OF TRAVEL | REASON FOR TRIP    |        | GOVT DED*          | OPEN MESS |              |
| 16 JUN 91                              | DEP 1300                   | Ft Huachuca, AZ   | PA             |                    |        |                    |           |              |
| 27 JUN                                 | ARR 1540                   | Wash, D.C.  |                | TD                 | 140.20 | 0                  |           |              |
| 29 JUN                                 | DEP 0900                   | Wash, D.C.  | PA             |                    |        |                    |           |              |
| 1 JUL                                  | ARR 1345                   | Kansas City, MO   |                | LV                 |        |                    |           |              |
| 6 JUL                                  | DEP 0900                   | Kansas City, MO   | PA             |                    |        |                    |           |              |
| 8 JUL                                  | ARR 2030                   | Reno, NV  |                | MC                 |        |                    |           |              |
|  | DEP                        |   |                |                    |        |                    |           |              |

a. Enter dates and time as shown for each line.

- b. You do not have to show where you stopped overnight.
- c. Codes to be used for mode of travel and reason for stop are listed on the reverse of the DD Form 1351-2.
- d. You must show any leave, TDY, or Permissive TDY.
- e. You must show the cost of lodging in item 2, even if you are entitled to TDY per diem. Item 3 should indicate any meals at TDY point which were provided w/o cost to member. Receipts must be attached.

#### EXAMPLE #2 (CONUS TO OVERSEAS)

Your orders reassign you from Ft Huachuca, AZ to the British Army Staff College, Camberley, England; with TDY enroute to Ft Leavenworth (3 days); London (1 day); and Shrivenham, England (6 weeks).

| 1. ITINERARY (See Item 25 for Symbols) |                               |   |                   |                    | 2. COST OF LODGING | 3. NUMBER OF MEALS |              | 4. POC MILES |
|--|-------------------------------|---|-------------------|--------------------|--------------------|--------------------|--------------|--------------|
| DATE<br>19 91                          | LOCAL TIME<br>(24 Hour Clock) | PLACE<br>Home, Office, Base, Activity, City<br>and State, City and Country, etc.) | MODE OF<br>TRAVEL | REASON<br>FOR STOP |                    | GOV'T<br>DED*      | OPEN<br>MESS |              |
| 23JUN                                  | DEP 1000                      | Ft. Huachuca, AZ  | PA                |                    |                    |                    |              |              |
| 23JUN                                  | ARR 1200                      | Phoenix, AZ   |                   | AT                 |                    |                    |              |              |
| 23JUN                                  | DEP 1310                      | Phoenix, AZ   | TP                |                    |                    |                    |              |              |
| 23JUN                                  | ARR 1615                      | Kansas City, KS   |                   | AT                 |                    |                    |              |              |
| 23JUN                                  | DEP 1700                      | Kansas City, KS   | CA                |                    |                    |                    |              |              |
| 23JUN                                  | ARR 1800                      | Ft. Lvnworth, KS  |                   | TD                 |                    |                    |              |              |
| 26JUN                                  | DEP 0800                      | Ft. Lvnworth, KS  | CA                |                    |                    |                    |              |              |
| 26JUN                                  | ARR 0900                      | Kansas City, KS   |                   | AT                 |                    |                    |              |              |
| 26JUN                                  | DEP 1010                      | Kansas City, KS   | TP                |                    |                    |                    |              |              |
| 26JUN                                  | ARR 1135                      | Indpls, IN  |                   | LV                 |                    |                    |              |              |
| 15JUL                                  | DEP 0910                      | Indpls, IN  | TP                |                    |                    |                    |              |              |
| 16JUL                                  | ARR 1723                      | London, England   |                   | AT                 |                    |                    |              |              |
| 17JUL                                  | DEP 0800                      | London, England   | CA                |                    |                    |                    |              |              |
| 17JUL                                  | ARR 1200                      | Camberley, Eng  |                   | MC                 |                    |                    |              |              |

This sample shows travel from Fort Huachuca (last permanent duty station) to Camberley, England, with TDY enroute at Fort Leavenworth, and leave in Indianapolis, Indiana.

#### 4. REIMBURSABLE EXPENSES (Block 5)

| 5 REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS * See Item 24 |                           |             |         |
|---|---------------------------|-------------|---------|
| DATE  | NATURE AND EXPLANATION    | AMT CLAIMED | ALLOWED |
| 23 JUN  | Baggage Handling - 4 Bags | \$4.00      |         |
| 26 JUN  | Passport Photos           | \$25.00     |         |
|   |                           |             |         |

- a. Indicate the number of bags you had handled.
- b. Two copies of receipts must be attached for any amount claimed in excess of \$25.00.

c. Reimbursement expenses do not include:

- (1) Mileage in and around the TDY point, unless specifically authorized in orders.
- (2) Rental car unless specifically authorized in orders.
- (3) Cost of meals consumed.
- (4) Telephone call toll charges.

5. LONG DISTANCE TELEPHONE CALLS (Block 6)

6 Long distance telephone calls are certified as necessary in the interest of the Government.

APPROVING OFFICER (31 USC 680a)

Do not make any entries in this block. See 4.c.(4) above.

6. TRANSPORTATION REQUEST (Block 7)

| 7. TR'S/MTA'S/MTS (If none, so state) |                   |                    |
|---------------------------------------|-------------------|--------------------|
| NUMBER                                | FROM              | TO                 |
| SGR                                   |                   |                    |
| 3,000,000                             | Fort Huachuca, AZ | Camberley, England |
|                                       |                   |                    |

a. List, as shown above, any TR's issued to you (not your dependents).

b. Attach copies of the TR and the tickets you were issued.

7. OTHER INFORMATION (Blocks 8, 9, 11  
4, and 15)

|  |  |  |
|--|--|--|
| 8. LEAVE STATEMENT: 20 days hours taken between 1 JUN 91 and 20 JUN 91   |  | 11. PAYMENT DESIRED<br><input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH |
| 9. POC TRAVEL: <input checked="" type="checkbox"/> OWNER/OPERATOR (See Item 22d) <input type="checkbox"/> PASSENGER  |  | 12. <input type="checkbox"/> PER DIEM REQUESTED  |
| PENALTY: The penalty for willfully making a false claim is: A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH - U.S. Code, Title 18, Section 287. |  | 13. BAS RATE   |
| I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received.                        |  | 14. SIGNATURE OF CLAIMANT<br>DATE  |

a. Block 8. If you took leave in conjunction with your PCS, enter the number of days and the dates you were on leave. This must agree with your DA Form 31.

b. Block 9. If you drive your personal auto for any portion of the trip, check "owner/operator".

c. Block 11. Payment Desired - Check "check". All settlements claims are paid by check to the address shown on 1351-2 and 1351-4.

d. Block 14. Sign the DA Form 1351-2.

e. Block 15. Date the DA Form 1351-2.

8. After you have completed DA Form 1351-2, check to insure it is correct. Attach all receipts, advances, TRs and 4 copies of orders to include all amendments.

9. NEED MORE SPACE? Continue any item for which you do not have enough space on DD Form 1351-2c.

## 10. HELPFUL HINTS

a. You must list the amount you paid for lodging at TDY site in block 2. If you do not, finance will not pay the correct amount.

b. If you stayed in BOQ/VOQ/guest quarters, you must provide receipts.

c. Do not use felt-tip pen to complete form. If all copies cannot be read, it will be returned to you. Use a black ball-point pen or typewriter for best results.

d. Before you send the completed voucher to USASD, make a copy of it and all receipts for your records. This will prove invaluable should a question arise later. Also, when you receive your check, a copy of the paid voucher will be returned to you. Receipts, TRs, etc., will NOT be returned.

### INSTRUCTIONS FOR COMPLETING YOUR DEPENDENT TRAVEL CLAIM (DD FORM 1351-4)

1. Refer to paragraph 1 (Required Documents) of this section for information on required documents needed to support this voucher

#### 2. YOUR DEPENDENT'S TRAVEL:

a. Begins when your dependents depart either your last permanent duty station (if your dependents were authorized to accompany you there), or the designated location to which your dependents were last moved at government expense (if they were not authorized to accompany you).

b. Ends when your dependents arrive and establish a permanent residence at your new permanent duty station.

#### 3. "PAYMENT FOR" BLOCK.

|  |    |  |                 |                |
|--|----|--|-----------------|----------------|
| VOUCHER OR CLAIM FOR DEPENDENT TRAVEL AND DISLOCATION OR TRAILER ALLOWANCE<br>(Complete with ink, ball-point pen or typewriter, DO NOT use lead pencil.) |    | Use reverse for continuation of items identifying by item numbers. | BUREAU VOU NO.  | SUBVOUCHER NO. |
| PAYMENT FOR  |    |  | PAYMENT DESIRED |                |
| MILEAGE (Civ Empl)   |    | MONETARY ALW IN LIEU OF TRNSPN (Member)                            |                 | CASH           |
| XX DLA (Member) (See reverse)  |    | TLR ALW (Member)   | XX              | CHECK          |
| ACTUAL TRNSPN COST (Member/Civ Empl)   | XX | OTHER (Specify) Dependent Travel                                   |                 |                |

#### 4. TRAVEL AUTHORITY AND IDENTIFYING INFORMATION.

|  |            |                   |
|--|------------|-------------------|
| TRAVEL AUTHORITY (PCS Orders, Dependent Travel Authorization, if issued, etc.) |            |                   |
| Orders 11-00, Ft Huachuca, AZ, 10 Jun 91                                       |            |                   |
| LAST NAME-FIRST NAME-MIDDLE INITIAL (Print/Type)                               | GRADE/RANK | SERVICE NO / SSAN |
| address to which you want payment mailed                                       | MAJ        | 555-55-5555       |
| CHECK MAILING ADDRESS  |            | DUTY PHONE NO.    |
| USASD, FBH, IN w/dy school, city, state, zip code                              |            | Your home nbr     |
| ORGANIZATION AND STATION   |            |                   |



a. Enter information as shown on page 25, #4.

b. Travel authority block must contain reference to amendments if any were issued.

# 5. DEPENDENTS TRAVEL (Block 1)

| DEPENDENTS TRAVEL  |              |                       |                                    |                 |          |
|--|--------------|-----------------------|------------------------------------|-----------------|----------|
| The following persons were my dependents on effective date and performed travel as claimed under authority stated above, with intent of establishing a bona fide residence at destination. None of the dependents shown was a member of the uniformed services on active duty. Travel covered by this claim represents the entire travel of all my dependents on this change of station except as indicated in remarks on reverse. |              |                       |                                    |                 |          |
| NAME   | RELATIONSHIP | BIRTHDATE OF CHILDREN | MODE OF TRANSPN (TR No. when used) | FROM            | TO       |
| Jean Smith   | Wife         | DOM16JUN68            | PA                                 | Ft Huachuca, AZ | Reno, NV |
| John P. Smith, Jr.   | SON          | 12 DEC 69             | PA                                 | " "             | " "      |
| Julie Smith  | DAU          | 3 AUG 72              | PA                                 | " "             | " "      |
|  |              |                       |                                    |                 |          |
|  |              |                       |                                    |                 |          |

a. Name. List spouse and children's names.

b. Birthdate of children. List date of marriage for spouse, not date of birth. For children, list date of birth.

c. Mode of Transportation. Using the same codes you used on your own travel voucher, list the means used while traveling (i.e., "PA" or "CP"). If your dependents traveled by more than one mode enter all modes (i.e., "PA/TP/CA/PA/CP/TR").

d. From/To. Enter the place dependents traveled from and the place they traveled to.

# 6. CHECK THE APPROPRIATE BLOCK FOR TRAVEL FROM AND TO AS INDICATED BELOW.

| TRAVEL FROM (Check one)  |  | TRAVEL TO (Check one)  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> LAST PERMANENT STATION   |  | <input checked="" type="checkbox"/> NEW PERMANENT STATION  |  |
| <input type="checkbox"/> OTHER THAN LAST PERMANENT STATION   |  | <input type="checkbox"/> OTHER THAN NEW PERMANENT STATION (Complete bona fide residence block below) |  |
| <input type="checkbox"/> HOME OR PLACE FROM WHICH LAST ORDERED TO ACTIVE DUTY                      |  | <input type="checkbox"/> FIRST PERMANENT STATION   |  |
| <input type="checkbox"/> LAST DUTY STATION   |  | <input type="checkbox"/> HOME, HOME OF SELECTION OR PLACE FROM WHICH ORDERED TO ACTIVE DUTY          |  |
| <input type="checkbox"/> ROUND TRIP TRAVEL IN CONNECTION WITH CIVILIAN EMPLOYEES RENEWAL AGREEMENT |  |  |  |

# 7. FURNISH ADDRESS FOR THOSE ITEMS AS INDICATED BELOW.

|   |                                    |
|---|------------------------------------|
| BONA FIDE RESIDENCE UNTIL FURTHER GOVERNMENT TRANSPORTATION IS AUTHORIZED (7001 JTR) DEPENDENTS WILL ESTABLISH A BONA FIDE RESIDENCE (Show complete address.) |                                    |
| DEPENDENTS ADDRESS ON RECEIPT OF ABOVE TRAVEL AUTHORIZATION   | 546 Osborn Road, Phoenix, AZ 85013 |
| ADDRESS TO WHICH DEPENDENTS LAST TRANSPORTED AT GOVERNMENT EXPENSE  | same as above                      |

# 8. SECTION II (Dependents actual travel).

a. Furnish complete "to" and "from" addresses.

b. Furnish date travel began.

c. Port of departure and arrival will only be used for personnel returning from overseas.


| DEPENDENTS ACTUAL TRAVEL           |                       |                                  |                                    |                     |
|------------------------------------|-----------------------|----------------------------------|------------------------------------|---------------------|
| FROM (Complete Address)            |                       |                                  | TO (Complete Address)              |                     |
| 546 Osborn Road, Phoenix, AZ 85013 |                       |                                  | 428 Johnson Place, Reno, NV, 89509 |                     |
| DATE TRAVEL BEGAN                  | DATE TRAVEL COMPLETED | PORT OF DEPARTURE (Include APOE) | PORT OF ARRIVAL (Include APOD)     | SPEEDOMETER READING |
| 19 JUN 91                          | 8 JUL 91              |                                  |                                    | TO                  |

9. SECTION III. (Overseas Returnee - Dependents did not Travel Overseas) Complete if applicable to your travel.

10. SECTION IV. (Reimbursable Expenses). Be sure you read all statements on this form and provide required attachments as found in Section IX on reverse side of form. Complete DLA statement on reverse.

11. SIGN AND DATE COMPLETED FORM.

| IV REIMBURSABLE EXPENSES |                        |                |         |
|--------------------------|------------------------|----------------|---------|
| DATE                     | NATURE AND EXPLANATION | AMOUNT CLAIMED | ALLOWED |
|                          |                        |                |         |
|                          |                        |                |         |
|                          |                        |                |         |

|   |                                |      |
|---|--------------------------------|------|
|  I hereby claim any amount due me. The statements on face, reverse, and attached are true and complete. Payment or credit has not been received. | SIGNATURE OF CLAIMANT AND DATE |      |
|   | Signature                      | Date |

12. SECTION V (Transportation of House Trailer) - Complete this section if you moved a trailer at Government expense or pulled the trailer yourself. Para U5500 of JFTR outlines the allowable costs for transportation of a mobile home. If the government arranged shipment of your house trailer, you must provide a copy of either DD Form 1299 (Application for Shipment and/or Storage of Personal Property) or DA Form 2592-R (Application for Shipment of House Trailer).

**SAMPLE**  
**Travel Voucher or Subvoucher**  
**DA Form 1351-2**

| TRAVEL VOUCHER OR SUBVOUCHER   |                        |   |                | Complete by typewriter, ink, or ball point pen (PRESS HARD) do not use pencil |                 |  |           | FOR DU USE ONLY |  |  |  |
|--|------------------------|---|----------------|---|-----------------|--|-----------|-----------------|--|--|--|
| READ PRIVACY ACT STATEMENT ON REVERSE PRIOR TO COMPLETING THIS FORM  |                        |   |                |   |                 |  |           | DO VOUCHER NO.  |  |  |  |
| LAST NAME FIRST NAME MIDDLE INITIAL (Print type)   |                        |   |                | GRADE/RANK  |                 | SSN  |           | SUBVOUCHER NO.  |  |  |  |
| DOE, JOHN L.   |                        |   |                | CPT   |                 | 555-55-5555  |           |                 |  |  |  |
| CHECK MAILING ADDRESS (Include ZIP Code)   |                        |   |                |   |                 |  |           | DUTY PHONE NO.  |  |  |  |
| CIRCLE N. SYRACUSE, NY 13212 (315) 555-1212  |                        |   |                |   |                 |  |           | PAID BY         |  |  |  |
| ORGANIZATION AND STATION   |                        |   |                |   |                 |  |           |                 |  |  |  |
| USASD 4/04 SYRACUSE UNIV, SYRACUSE, NY   |                        |   |                |   |                 |  |           | COMPUTATIONS    |  |  |  |
| TRAVEL ORDERS (Paragraph, 30 No. Issuing Hq., Date) (Include amending orders)  |                        |   |                |   |                 |  |           |                 |  |  |  |
| ORDERS 111-00, FT HUACHUCA, AZ 12 DEC 91   |                        |   |                |   |                 |  |           |                 |  |  |  |
| PRIOR TRAVEL PAYMENTS OR ADVANCES UNDER THESE ORDERS (Amount, DCA Voucher No., Date received, Place paid, or DO Station No. If none, so state)                       |                        |   |                |   |                 |  |           |                 |  |  |  |
| 7300.00 004 # 803561, 15 DEC 91  |                        |   |                |   |                 |  |           |                 |  |  |  |
| FT HUACHUCA, AZ  |                        |   |                |   |                 |  |           |                 |  |  |  |
| (ITINERARY (See Item #5 for Symbols))  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| DATE   | LOCAL TIME             | PLACE   | MODE OF TRAVEL | REASON FOR STOP   | COST OF LODGING | NUMBER OF MEALS                                    | POC MILES |                 |  |  |  |
| 19 91  | (24 Hour Clock)        | Home, Office, Base, Activity, City and State, City and Country, etc.) |                |   |                 | GOVT   |           |                 |  |  |  |
| 9 JAN  | 0730                   | FT HUACHUCA, AZ   | PK             |   |                 | DED*   |           |                 |  |  |  |
| 14 JAN   | 0730                   | SYRACUSE, NY  | WA             |   |                 |  |           |                 |  |  |  |
| 19 JAN   | 1700                   | SYRACUSE, NY  |                |   |                 |  |           |                 |  |  |  |
| 20 JAN   | 1300                   | SYRACUSE, NY  | MC             |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 5 REIMBURSABLE EXPENSES/CHARGE FOR DEDUCTIBLE MEALS* (See Item 24)   |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| DATE   | NATURE AND EXPLANATION |   |                |   | AMT. CLAIMED    | ALLOWED  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 6 Long distance telephone calls are certified as necessary in the interest of the Government   |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 7 TRS, MTA, S, MT'S (If none, so state)  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| NUMBER   | FROM                   |   |                |   | TO              |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 8 LEAVE STATEMENT (days) (hours taken between) and   |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 9 POC TRAVEL <input checked="" type="checkbox"/> OWNER/OPERATOR (See Item 22J) <input type="checkbox"/> PASSENGER  |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| PENALTY: The penalty for willfully making a false claim is A MAXIMUM FINE OF \$10,000 OR MAXIMUM IMPRISONMENT OF 5 YEARS, OR BOTH (U.S. Code, Title 18, Section 287) |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 10 SIGNATURE OF CLAIMANT   |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 11 ACCOUNTING CLASSIFICATION   |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 12 COLLECTION DATA   |                        |   |                |   |                 |  |           |                 |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |
| 13 COMPUTED BY   |                        | 14 AUDITED BY   |                | 15 TVL MICRO POSTED BY  |                 | 16 RECEIVED (Date, signature and date checked no.) |           | 17 AMOUNT PAID  |  |  |  |
|  |                        |   |                |   |                 |  |           |                 |  |  |  |

**DD FORM 1351-2**

EDITION OF 1 JUL 65 WILL BE USED UNTIL EXHAUSTED

Exception to SF 1012 and 1012a approved by NARS, GSA April 1978

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| FORM NO. 10-60 (Rev. 1-55)<br>(Complete with highest possible accuracy.)   |  | BUREAU YOU TO<br>TRANSPORTER TO  |  | TO VOLUNTEER NO  |  |
| PURPOSE OF TRAVEL<br>(Check one)<br><input checked="" type="checkbox"/> BUSINESS<br><input type="checkbox"/> LEISURE<br><input type="checkbox"/> OTHER (Specify) |  | PAYMENT FOR<br>(Check one)<br><input checked="" type="checkbox"/> BY CASH<br><input type="checkbox"/> BY CHECK |  | PAYMENT FOR<br>(Check one)<br><input checked="" type="checkbox"/> BY CASH<br><input type="checkbox"/> BY CHECK |  |
| NAME OF TRAVELER<br>(Last, first, middle initial)<br>JOHN L. DOE   |  | NAME OF TRAVELER<br>(Last, first, middle initial)<br>JOHN L. DOE   |  | NAME OF TRAVELER<br>(Last, first, middle initial)<br>JOHN L. DOE   |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  |
| TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  |
| NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  |
| TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  |
| NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  |
| TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  |
| NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  |
| TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  |
| NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  |
| TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  |
| NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  |
| TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  |
| NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  | TIME OF TRAVEL<br>0555-0555  |  |
| TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  | TYPE OF TRAVEL<br>CPT  |  |
| NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  | NAME OF TRAVELER<br>JOHN L. DOE  |  |
| ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  | ADDRESS<br>312 BEDFORD CIR. N. SYRACUSE, NY 13212  |  |
| DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  | DATE OF TRAVEL<br>12 DEC 91  |  |
| TIME OF TRAVEL<br>0555-0555  |  |  |  |  |  |

[illegible]

## FINANCE

This section will provide you with information on financial matters and help you complete finance actions.

### LEAVE AND EARNING STATEMENT (LES)

1. Your LES will be mailed to your home mailing address each month by USASD. Your LES, the USASD Bulletin, and miscellaneous publications will be mailed with the end-of-month mailing. These documents are normally mailed to arrive within the first five days of each month. Review your LES carefully for correctness and report errors to the Finance Clerk, Student Support Section, USASD.

2. Newly assigned personnel will probably have a delay of 30 to 45 days from date of assignment before receiving your first LES from us. The Defense Finance Accounting Service (DFAS) no longer issues a LES while an individual is enroute. If you desire a copy of any missing LES, write the Finance Clerk, Student Support Section, USASD. Please indicate which month(s) and provide your mailing address.

### W-2 FORM

The W-2 form is normally mailed with your January LES. If you PCS after the JUMPS-Army January processing date (normally on or about 15 January), your W-2 and January LES will be mailed to your previous duty station by the FAO. If your departure date was before the January processing date, a written request for your W-2 form must be sent to the FAO, ATTN: Dept 40, Fort Benjamin Harrison, IN 46216-5415.

### EMPLOYMENT VERIFICATION

1. All employment verifications must be in writing with your signature on the verification form to authorize release of your income. Send the request to the Finance Clerk, Student Support Section, USASD.

2. If you are presently assigned or just inprocessed, your employment verification will be processed by the local finance office, Comm (317) 542-3942, or AV 699-3942.

3. If you have not inprocessed, there may be a delay in processing your employment verification until your financial information is available.

## PAY ALLOWANCES

### 1. AUTHORIZATION TO START OR STOP BAQ (DA Form 3298).

a. Any time your marital status changes, you must complete and submit a DA Form 3298. Also, you must attach either an original or certified true copy of your marriage certificate or divorce decree, as applicable. If you are divorced, these forms must be submitted even though you have other dependents and your entitlement to BAQ will not stop. This form must be completed at the end of each PCS for recertification it is not necessary to send documents again.

b. If you are assigned family-type government quarters, you must submit two copies of your quarters assignment document before your BAQ entitlement can be stopped.

c. When government quarters are terminated, send two copies of the termination document to USASD, except when you are within 30 days of graduation. When termination of quarters is within 30 days of graduation, documents should be kept and submitted when you inprocess at your next duty station.

NOTE: (B & C) YOU, THE MEMBER, NEED TO DO THIS. DON'T RELY ON THE LOCAL HOUSING OFFICE TO DO IT; THE DELAY COULD BE COSTLY.

d. To establish dependency for family members other than lawful spouse or legitimate children under 21 years of age, you must complete a DD Form 137 (Application for Basic Allowance for Quarters for Members with Dependents). If you need a DD Form 137, please contact the Finance Clerk, Student Support Section, USASD. Return completed form as soon as possible. We will forward it to FAO for final determinations for approval. Normal processing is 60-90 days. Proof is required to show that you are providing 51% or more toward the support of this individual. An allotment must be started at the current BAQ rate.

### 2. QUARTERS ALLOWANCE.

a. If your family members do not occupy government quarters, you are entitled to Basic Allowance for Quarters (BAQ) authorized for your pay grade. If you are married to another military member, have no other dependents and do not occupy government quarters, you and your spouse are entitled to BAQ at the without dependent rate. If you have dependent children, whoever claims the children is entitled to BAQ at the "with dependent" rate.

b. If you are single and not occupying government quarters, you are entitled to BAQ at the "without dependent" rate corresponding to your pay grade.

This allowance is effective the date you report for duty and will be stopped on your departure. No action is required by you to receive this allowance; however, you are obligated to tell USASD whenever your entitlement to this allowance changes. You will receive PCS BAQ for all periods of delay enroute leave. Payment of PCS BAQ should be included in monthly pay within two months after all inprocessing has been completed and PCS travel has been paid.

- c. It is your responsibility to furnish USASD copies of termination or assignment of government quarters documentation which change your entitlements to BAQ. You are also responsible for providing information and documentation any time your martial status changes.

### 3. VARIABLE HOUSING ALLOWANCE (VHA).

- a. Your entitlement depends on your entitlement to basic allowance for quarters and begins and ends under the same conditions when you are assigned to a permanent duty station in CONUS. Effective the date you report for duty, you will be entitled to VHA without offset not to exceed 60 days. During that time, you should submit a completed VHA Certificate (DA Form 5545) with required documents. VHA, at the offset rate, will be paid effective either the day you report for duty or establish permanent residency, whichever is later.

- b. VHA, at the rate paid at your old permanent station, will continue through the day before you report for duty at USASD, with the exception that the entitlement will be decreased by the number of days you are allowed for PCS travel. If VHA was not paid at your old permanent duty station because government quarters were assigned, you are entitled to VHA at the rate applicable to the old station, beginning on the day you terminated government quarters. If your old permanent duty station was outside of CONUS, you will be entitled to VHA on the day you report for duty or establish residency at your new duty station or intermediate temporary duty or training location in CONUS.

- c. If you rent, furnish a copy of your lease; however, if no lease was signed, a notarize statement signed by soldier and landlord will be acceptable.

- d. If you own your house, you must furnish a copy of the mortgage contract showing the mortgage payments including principal, interest, taxes, and insurance (PITI) which may include the mortgage payment schedule and proof of amount of taxes and insurance (escrow payment). If taxes/insurance are paid separately, copies of the bill or statement must be furnished.

- e. If you are assigned to Alaska you are entitled to VHA under the same conditions as above.

f. More information and required forms are included in your inprocessing packet. If you have more questions or need help, contact the Finance Clerk, Student Support Section, USASD.

4. SUBSISTENCE ALLOWANCE. As an officer, you will continue to receive Basic Allowance for Subsistence (BAS) at the prescribed rate.

#### PAY CHANGES

The following forms are required to make changes to your monthly pay. Mail documents to USASD, ATTN: ATZI-TBD-S, for review and transmittal to Finance and Accounting Office for action. Documents must be received in USASD not later than the first workday of the month you want the change to become effective. Blank forms are available from your SLO or Army Advisor's Office. NOTE: All finance forms must be signed and dated to be processed. Any finance form received not signed and dated will be returned.

1. JUMPS-ARMY ALLOTMENT AUTHORIZATION (DD Form 2558). Complete and submit a DD Form 2558 to start, stop, or change an allotment. A DD Form 2559 will be used for all BONDS. Submit a separate form for each allotment you want to stop or start. You may use one form to change only the amount or the address of the payee for an allotment currently being deducted from your pay. Effective month of first or last deduction of allotment refers to end of month (i.e., if new allotment is to pay insurance premium due on 10 May, first month of deduction would be April). Be sure that all the items and information are complete and forms signed before mailing.

2. JUMPS-ARMY PAY ELECTION (DA Form 3685). Complete and submit a DA Form 3685 only if you want to change the address of monthly or mid-month pay. While assigned to USASD, we recommend you elect either "check to financial organization" or "check to address" option. Receipt of check will be delayed five to ten days if you elect "check to unit" option. Be sure all items are completed. If you elect "check to bank" option to change banks for your end-of-month check, you must complete and submit a Authorization for Deposit of Federal Recurring Payments (SF 1199A) with the completed DA Form 3685. You must complete items A thru J of the 1199A and the remaining items must be completed by a bank official. We strongly recommend that you do not close your old bank account until your new bank has started receiving your pay.

3. EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (Form W-4). When submitting a Form W-4 to change the number of tax exemptions, be sure that you complete all information. The address on this form must be your legal residence address, not your mailing address. One copy is required.



4. CERTIFICATE OF LEGAL RESIDENCE (DD Form 2058). To change legal residence submit two copies of DD Form 2058 and one copy of Form W-4. Your state withholding tax is determined by the state shown on these forms. (NOTE: Your legal residence address may or may not be the same as your home of record or your current mailing address.)

5. DENTAL INSURANCE. Authorization to start, stop or change an allotment for active duty or retired personnel (DD form 2558) must be completed to start, stop or change dental insurance.

#### ADVANCE PAY

Before you depart your duty station you may be authorized a one month advance pay for a PCS move with 12 months proration provided all other advance pays are liquidated. Any other additional advances, up to two months at the gaining station, must have written and documented justification. A proration for longer than 12 months must be fully documented.

1. An advance pay is submitted on DD Form 2560, listing your justifications and totaling the expenses. Your address must be listed on the front of the DD 2560.

2. An Advance is not intended to provide funds for items such as investment, vacations or purchase of consumer goods that are not the result of direct expenses from service member's PCS orders. This is to cover out of pocket expenses that exceeds authorized advances (i.e. DLA, Dependent travel, SM travel).

#### ADVANCE PCS TRAVEL PAYMENTS

1. All advance travel payment requests should be received by the Travel Clerk, Student Support Branch, at least 45 days before school completion date.

2. Unless otherwise indicated, you are authorized to request the following travel advance payments: travel for you and your dependents, and dislocation allowance. Requests, in letter form, must include type of advance(s) desired, check, mailing address, signature, and three copies of PCS orders for each advance. Additional information required:

a. Dependent travel: Name of spouse, date of marriage, names and dates of birth of all children traveling, and place from which and to which travel will be done. If dependents will not travel to new duty station, give complete address of their designated location.

b. Dislocation allowance (DLA): Married soldiers are entitled to draw advance DLA if their dependents move for the convenience of the government. Single soldiers are entitled to this allowance if they furnish proof that government quarters will not be available at their new duty station. (CONUS only, not paid for OCONUS)

3. In addition to the above, if you chose TDY option #2 or #4, you are authorized to request advance TDY travel and per diem. If you chose option #1 or #3, your request must arrive in USASD at least 45 days before your TDY departure date.

## PERSONNEL

The information found in this section will help you complete personnel type actions during your period of schooling.

### PERSONNEL ACTIONS

All personnel actions will be sent through USASD for processing. Questions about security clearances, Regular Army applications, deferments, requests for overseas assignments, and other personnel actions should be directed to the Personnel Actions Clerk, Student Support Section.

### AWARDS

USASD will send you any awards received from your previous duty station. If you have already received your original citation and orders, but no medal, send a copy of your award orders and a request for the medal to USASD, ATTN: ATZI-TBD-S, and your medal will be mailed to you. Military awards are not authorized for academic excellence or achievement.

### IDENTIFICATION CARDS

1. Military ID Card (DD Form 2A). You may have your ID card renewed at any Army installation if you have a verified application from USASD. If you are not assigned near an Army installation and you need a new card, contact the Personnel Actions Clerk, USASD, for a DA Form 428 or DD Form 1172 (Application for Identification Card and Dependent Card) at least 45 days before your card expires. A completed application will be sent to you for notarized signature. Return the signed application to USASD a DD Form 2A will be prepared and sent to you for your signature with instructions for getting a photograph. Return the signed card and photograph to USASD for the issuing officer's signature and lamination. When you get your new ID card, return the old one to USASD for destruction.

2. Dependent ID Card (DD Form 1172). Dependent ID cards can be issued by any military installation. However, a certified DD Form 1172 (Application for Uniformed Services Identification and Privilege Card) must be requested from USASD no earlier than 45 days prior to expiration date on the ID card. If you are not located near a military installation, follow the procedures in paragraph 1, above. Also, requests for ID cards for dependents not currently enrolled in DEERS must complete requirements in next paragraph.

## DEERS (DEFENSE ELIGIBILITY ENROLLMENT REPORT SYSTEM)

DEERS is a system used to identify personnel eligible for military benefits. All active Army members are automatically enrolled in the system. However, if you have family members who are eligible for military benefits, it is your responsibility to enroll them in DEERS. Complete DD Form 1172 (in triplicate) with sponsor's signature notarized. A written request for enrollment, along with documentation which verifies the dependency, forms should be sent to USASD, ATTN: ATZI-TBD-S. Required documentation consists of a copy of the marriage certificate, birth certificate (for each child regardless of age), final adoption papers, or divorce/separation decree. Documents must be either the original or a certified true copy or photocopy with seal clearly legible. Notify USASD of any changes in family status (i.e. birth, death, marriage, or divorce) so your DEERS information can be updated.

### PHOTOGRAPH REQUIREMENTS

1. If you are promoted to first lieutenant or chief warrant officer (CW2) you must have an official photograph made within 60 days after promotion. Verify this information via Regulation or Personnel Service Center (PSC).
2. Every five years, all officers, except second lieutenants and warrant officers (WO1), must take and submit an updated official photograph.
3. If you are assigned to an area where adequate photographic facilities are not reasonably available or where conditions prevent you from being photographed, you are temporarily exempt. However, you must be photographed not later than 90 days after reporting to next duty station. Contact USASD if photographic facilities are not available.
4. Photograph must be taken in properly fitted and pressed uniform as follows:

#### Male

Army Green with basic branch insignia, all permanently authorized ribbons, badges, and tabs, correctly displayed, and low quarter shoes.

#### Female

Army Green (coat and skirt) with basic branch insignia, all permanently authorized ribbons, badges, and tabs, correctly displayed, and black pumps.

## PRECEDENCE OF AWARDS

### INDIVIDUAL AWARDS

Medal of Honor  
Distinguished Service Cross  
Defense Distinguished Service Medal  
Distinguished Service Medal  
Silver Star  
Defense Superior Service Medal  
Legion of Merit  
Distinguished Flying Cross  
Soldier's Medal  
Bronze Star Medal  
Purple Heart  
Defense Meritorious Service Medal  
Meritorious Service Medal  
Air Medal  
Joint Service Commendation Medal  
Army Commendation Medal  
Joint Service Achievement Medal  
Army Achievement Medal

### UNITED STATES UNIT AWARDS

Presidential Unit Citation  
Joint Meritorious Unit Award  
Valorous Unit Award  
Meritorious Unit Commendation  
Army Superior Unit Award

### UNITED STATES SERVICE (CAMPAIGN)

#### MEDALS AND SERVICE TRAINING RIBBONS

American Defense Service Medal  
Women's Army Corps Service Medal  
American Campaign Medal  
Asiatic-Pacific Campaign Medal  
European-African-Middle Eastern Campaign Medal  
World War II Victory Medal  
Army of Occupation Medal  
Medal of Humane Action  
National and Defense Service Medal  
Korean Service Medal  
Antarctica Service Medal  
Armed Forces Expeditionary Medal  
Vietnam Service Medal  
Humanitarian Service Medal  
Armed Forces Reserve Medal  
Army Reserve Components Achievement Medal  
NCO Professional Development Ribbon  
Army Service Ribbon  
Overseas Service Ribbon  
Army Reserve Components Overseas Training Ribbon

#### US MERCHANT MARINE AWARDS

Merchant Marine Gallant Ship Unit  
Merchant Marine Defense Bar  
Merchant Marine Combat Bar  
Merchant Marine War Zone Bars  
Atlantic War Zone  
Mediterranean-Middle East War Zone  
Pacific War Zone  
Merchant Marine Victory Medal  
Merchant Marine Korean Service Bar  
Merchant Marine Vietnam Service Bar

#### FOREIGN MILITARY DECORATIONS

(on approval from U.S. PERSCOM AR 672-5-1)

#### FOREIGN UNIT AWARDS

(when at least one US decoration is worn at same time)

Philippine Republic Presidential Unit Citation  
Republic of Korea Presidential Unit Citation  
Vietnam Presidential Unit Citation  
Republic of Vietnam Gallantry Cross Unit Citation  
Republic of Vietnam Civil Actions Unit Citation  
Fourragers (no order of precedence)  
    French Fourragere  
    Belgian Fourragere  
    Netherlands Orange Lanyard

#### NON-UNITED STATES SERVICE MEDALS AND RIBBONS

(same as Foreign Unit Awards)  
Philippine Defense Ribbon  
Philippine Liberation Ribbon  
Philippine Independence Ribbon  
United Nations Service Medal  
Inter-American Defense Board Medal  
United Nations Medal  
Multinational Force and Observers Medal  
Republic of Vietnam Campaign Medal

See Chapter 32-5, AR 670-1 (Wear and Appearance of Army Uniforms and Insignia), for precedence of other services awards that may be worn on the Army uniform.

#### MEDICAL EXAMINATION REQUIREMENTS

1. Aviators must undergo a Type B periodic medical examination every 2 years up to age 35. Also, they must have an annual eye examination, blood pressure, height, weight, and audiometric and electrocardiographic checks. After age 35, aviators must take a Type B examination annually per paragraph 10-23, AR 40-501 (Standards of Medical Fitness). Reimbursement for periodic or annual medical examinations is not authorized.

2. All other active duty personnel must undergo a periodic examination within three calendar months before the end of their birthday month at ages 20, 25, 30, 35, 40, 45, 50, 55, 60, and annually thereafter. If you are assigned to a location having inadequate military medical facilities to do the complete examination, you will be given as much of this examination as local facilities permit and undergo a complete medical examination when official duties take you to a station where it can be done. We suggest you try having your physical taken at the local MEPS, a National Guard or Reserve Unit, or a public health facility. A copy, not the original, of the completed examination must be sent to USASD for posting in your personnel records. The original copy will be filed in your medical records. Reimbursement for annual or periodic medical examinations at civilian medical facilities is not authorized.

#### ANNUAL REVIEW OF OFFICER RECORD BRIEF (ORB)

The ORB is printed annually by birth month. Your ORB will be reviewed by Officer Records Branch, MPD, based on documents filed in your DA Form 201. Additions or corrections will be reported to PERSCOM. After the review is completed, a copy will be mailed to you by MPD with an information sheet attached. DA will no longer furnish updated copies of ORBs on a routine basis. Except for the annual ORB, your request for an updated one must have a justification.

#### SECURITY CLEARANCES

Requests for a security clearance verification to be passed to a Department of Defense or Training With Industry agency must be in writing from the soldier. Request should include:

1. Complete mailing address of the agency and FAX number if applicable.
2. Reason for security clearance being passed to next station.
3. Level of security clearance required for research, site visit, use of classified facilities, etc.
4. All security and personal details that requires verification.
5. Daytime phone number in case additional information is required.

The written request for verification should be received at least 7-10 working days prior to the deadline of the action. Timely planning will keep short suspenses to a minimum. If short notice is unavoidable, requests can be FAX'd to (317) 549-5644 or AV 699-5644.

## Panograph X-Rays

During inprocessing, DEERS is screened to ensure you have a duplicate panograph (full mouth) X-Ray on file at the Central Panograph Storage Facility (CPSF) located in Monterey, CA. If you need a duplicate panograph, you will be notified in writing and given instructions to complete this requirement. Failure to do so puts you in a non-deployable status and will have an adverse effect on future personnel actions to include a hold on the issue of TDY/PCS orders.

## AUTHORIZED ABSENCES

### SCHOOL BREAKS

1. Periods between school terms and holiday breaks are considered administrative time and not chargeable as leave, except when:

a. You leave your duty station for more than 72 hours. (Your duty station is defined as the address to which you received PCS travel on assignment to USASD.)

b. You leave CONUS or your assigned foreign country.

2. Your place of duty is the school you are assigned. Skipping a semester is not authorized and you will be considered AWOL from your place of duty.

### PASSES

1. You have the authority to approve your own 3-day pass, if:

a. The absence will not exceed 72 hours in length.

b. The absence will not interfere with your classroom studies or training.

c. You will not leave CONUS or the foreign country to which you are assigned. (This provision does not apply to travel from Canada to CONUS.)

2. Your SLO has the authority to approve one 4-day pass per month. A 4-day pass cannot exceed 96 hours and must include at least two consecutive nonduty days. The SLO will notify USASD Commander or First Sergeant when taking a pass.

3. Absence beyond an approved pass period, if not approved for an extension by the Commander, USASD, is AWOL, unless later excused as unavoidable.

4. Give your SLO or Army Advisor a telephone number where you can be reached while on pass. In case of an emergency, USASD will call your telephone number on file or your SLO/Army Advisor. (TWIs and Fellows should leave a telephone number with someone in their office.)

### LEAVES

All requests for ordinary leave must be approved by the Commander, USASD, or a designated representative only. Submit requests for leave, except those under emergency conditions, on a DA Form 31 (Request and Authority for Leave) to the Student Support Section as far in advance of leave period as possible, but not later than three weeks before beginning date of leave. Contact the leave clerk, Student Support Section, for more assistance.

### ORDINARY LEAVE

Complete a DA Form 31 using the sample shown on page 51. Please use a typewriter or ballpoint pen, as ALL COPIES MUST BE LEGIBLE.

1. Complete blocks 1 through 10 and blocks 13 and 14.
2. In block 8, show the inclusive dates of requested leave. No advance or excess leave will be approved unless a bona fide emergency exists.
3. If you want the approved leave authorization to be mailed to somewhere other than your current address, please show address in the remarks section.
4. If you want leave outside CONUS (except Hawaii and Alaska), your request must be received in USASD not later than 30 days before beginning date of leave. You must provide an overseas address where you may be contacted. Include a complete itinerary on a separate sheet of paper. Also, list on your DA Form 31 all the cities and countries you plan to visit. Failure to provide a complete itinerary may delay processing your leave request.

### ORDINARY LEAVE IN CONJUNCTION WITH TEMPORARY DUTY TRAVEL

1. If you desire to take an ordinary leave in conjunction with your temporary duty travel, you must have an approved Request and Authority for Leave (DA Form 31) before you take your trip.
2. Item 8a, DA Form 31, will be the date you start your trip. Item 8b will be the ending date you plan to return. These dates will cover the entire period that you plan to be on TDY and ordinary leave.



. Part II, item 26a and 26b, will be used to record the dates and times you are actually TDY. This section will be completed at your TDY site.

4. In Item 18, you need to write in the date and time of departure you plan when submitting the DA Form 31 for approval. Also, upon return from trip you need to write in the date and time of return (Item 22).

5. You will receive copy 2 of the approved DA Form 31 prior to your trip. You will need to return copy 2 with your travel voucher to the Student Support Section for final disposition.

6. When completing your travel voucher, remember the information on the travel voucher and DA form 31 must match.

#### ORDINARY LEAVE UNDER EMERGENCY CONDITIONS

You may request emergency leave by calling USASD during normal duty hours. After normal duty hours, contact your SLO or Army Advisor who can authorize emergency leave. Your SLO or Army Advisor will contact the USASD leave clerk on the next duty day and furnish your emergency leave information. Be prepared to give the following information:

1. All information as shown on sample DA Form 31 on page 51.

2. Reason for requesting emergency leave.

3. Complete address where DA Form 31 leave authorization should be mailed.

#### CANCELLATION/CHANGE TO AN APPROVED ORDINARY LEAVE

You will be automatically signed out on leave at 0001 hours on the day of departure, and signed in at 2359 hours on the date of return (items 8a and 8b, DA Form 31). If you are at your place of duty for the majority of the day of departure, or return, or if you wish to cancel your leave, you must contact the leave clerk, USASD, within 24 hours of the return date on DA Form 31. If you sign in early off of leave, you must notify the leave clerk, USASD, the day you wish to sign in. If the leave clerk is not notified of the above information, you will automatically be charged for the full leave time requested.

## TEMPORARY DUTY (TDY)

### MEDICAL TREATMENT TDY ORDERS

Submit requests for medical treatment TDY orders, in writing, to the Personnel Actions Clerk, Student Support Section, USASD for approval prior to the scheduled appointment. Orders will be issued by USASD. TDY orders will be processed after the fact only when treatment is given on a walk-in or emergency basis. Request must include:

1. Verification of appointment, to include date and hour.
2. Number of days TDY, to include authorized travel time.
3. Name, location of military medical facility, and POC with phone number to hospital department you will be visiting.
4. Type of treatment (in/out patient).
5. Mode of transportation to be used.
6. Purpose of treatment.

You must submit a completed DD Form 1351-2 with four copies of TDY orders to the Travel Clerk, Student Support Section, USASD within five days of completion of TDY.

### REIMBURSABLE TDY REQUIRED IN CONJUNCTION WITH SCHOOLING (applies to fully funded students only)

Your request for TDY in conjunction with course requirements must be submitted at least 90 days before desired departure date. Put your request in letter form and send it through the Administrative Support Section, USASD, to U.S. PERSCOM, ATTN: TAPC-OPB-E, 200 Stovall Street, Alexandria, VA 22332-0411 for approval. Budget constraints prevent most funded TDY; so, officers participating in funded advanced civil schooling programs should select thesis/dissertation topics that do not require TDY. Most TDY approvals will be restricted to travel in a permissive TDY status (see page 48). Upon approval of TDY funds, a TDY order will be issued. Request for funded TDY must include:

1. Name, grade, and SSN.
2. Name and location of school.
3. Inclusive dates and number of days of TDY period.
4. Place of TDY.

5. Mode of travel (to include request for rental car).
6. Purpose of TDY.
7. Amount and reason for registration fee, if required.

8. If TDY is a prerequisite for granting a course credit, a statement from a school official saying why requirement was not specifically stated in school catalog, and why prerequisite cannot be fulfilled at school location.

#### TDY PAID BY ANOTHER ORGANIZATION

It may be necessary for you to perform temporary duty that's funded by other organizations. This duty will be approved if it does not interfere with your schooling. Your written request for TDY must include the dates of TDY, mode of travel to be used, and the name and phone number of the organization funding the TDY. You must inform the funding organization to send written information to USASD, ATTN: ATZI-TBD-A, at least 30 days before scheduled departure date. If time does not permit written request to arrive 30 days before departure date, the funding organization should call the Administrative Support Section, USASD (AV 699-5658), to coordinate the issuance of orders. The following information is required:

1. Fund citation.
2. Inclusive dates of TDY, to include authorized travel.
3. Place and purpose of TDY.
4. Mode of travel authorized.
5. Statement if rental car is or is not authorized.

#### FULLY-FUNDED LEGAL EDUCATION PROGRAM (FLEP) TDY

1. If you are attending school under the FLEP, you will perform TDY during summers, except after your last semester. About 30 days before your TDY reporting date, USASD will issue orders and send them to you. Besides travel and per diem, you may be authorized family separation allowance (FSA). You may be authorized Type II-FSA-T at the rate of \$2.00 per day when:

- a. TDY period exceeds 30 days.
- b. Your dependents do not go with you to your temporary duty station.

c. You do not commute from your permanent to temporary duty stations.

d. You are not on leave or pass.

2. Reimbursement for Family Separation Allowance (FSA) can be claimed on DD Form 1561 (Statement to Substantiate Payment of Family Separation Allowance). Submit paid copy of travel voucher with DD 1561. (Instructions to claim FSA on page 51.)

3. If you want to commute daily or weekly to your TDY station, advise the JAG Branch, HQDA, before beginning date of TDY.

#### TRAINING WITH INDUSTRY (TWI) TDY

1. As a participant in the TWI Program, you will be authorized a maximum of \$1,500.00 for TDY travel during your 12 month assignment. This authorization is to be used for expenses incurred for training related TDY only and will be monitored by the Education Branch, PERSCOM. Use of these funds for travel and per diem incident for attendance at conferences or seminars must have prior approval of your Development Branch. Reimbursement for registration fees required for attendance at conferences and seminars must be authorized in TDY orders.

2. Other government agencies may support you with additional funds for some of your travel. Any funding information must be sent to the TWI coordinator, USASD, at least thirty days in advance of your travel. Funding information will contain a statement for purpose of travel, method of travel, number of days, day of departure, place of departure, destination(s), whether or not rental car is authorized, fund citation, amounts authorized for per diem and travel, and a point of contact at funding organization to include a telephone number.

#### TWI COORDINATOR

The TWI Coordinator, USASD, can be contacted by calling AUTOVON 699-5658 or Comm (317) 549-5658. All correspondence related to the Training with Industry Program can be mailed to: Commander, USASD, ATTN: ATZI-TBD-A (TWI Coordinator), Fort Benjamin Harrison, IN 46216-5820.

### TWI TRAVEL ITINERARY PLAN

1. Within forty-five days after reporting to the industry, a tentative outline of all travel contemplated during your period of training will be furnished the TWI Coordinator, USASD and to the Commander, U.S. PERSCOM, ATTN: TAPC-OPB-E, 200 Stovall Street, Alexandria, Virginia 22332-0411. Travel orders will not be prepared until after receipt and approval of your travel plan. You need to call your TWI coordinator to find out if your trips are approved.
2. Travel plan and updates will be provided as directed in the Instructions for Officers Selected for Training with Industry as furnished by Development Branch, U.S. PERSCOM.

### TWI TEMPORARY DUTY TRAVEL ORDERS

1. Individual TDY orders will be issued for each approved trip.
2. If authorization is approved for conference or seminar fee, your TDY travel order will authorize payment.
3. Your security clearance information will be placed on your TDY travel order. Some trips may require more information on your security clearance. You must notify the Personnel Actions Clerk, USASD at least ten days in advance if additional security information is needed (See page 38).

### TWI PLANE RESERVATIONS AND RENTAL CAR

You are authorized to make your own plane and rental car reservations. Reimbursement is generally limited to the government fare as would be arranged through a local SATO. In most cases, a SATO office can get you the best government rate for plane fares. If a SATO is not available and you need assistance the TWI Coordinator will help you. Also, remember to make sure the airlines do not give you a leave rate plane fare. If the airlines give you a leave rate fare for official business, you will not be reimbursed. If you make a reservation that has a penalty if cancelled, the penalty cost will be paid by you and not the Federal Government. When making your arrangements be sure that the dates will not change. Rental car reservations will generally cost from \$24.00 to \$31.00 depending on location for a subcompact vehicle.

#### MAKING TWI PLANE AND RENTAL CAR RESERVATIONS

The TWI Coordinator, USASD, will be available to assist in making your plane and rental car reservations.

1. You should call at least two weeks in advance of your planned trip.
2. Please provide the city of departure, date and time you desire to depart, destination city, and date and time of return.
3. State whether you prefer an aisle, window or no preference for seating.
4. State whether you desire nonsmoking or smoking.
5. All tickets will be prepaid for pickup at the respective airlines.
6. State whether a rental car will be required.
7. You will be notified of rental car company name and confirmation number when notified of flight arrangements.
8. Please provide your current work telephone number where you can be reached.

#### CITICORP DINERS CLUB CARD PROGRAM

A Citicorp Diners Club Card will be issued only to individuals participating in the Training with Industry Program, Fellowship Program or overseas students who have extensive travel in their program and have been authorized TDY travel funds. The card will provide you more flexibility in arranging your travel in conjunction with your TDY. If you wish to obtain a card, request you contact the Chief, Administrative Support Section, USASD. Upon receiving your request, you will receive a letter with information on the Diners Club Card and instructions for completing an application.

#### FAMILY SEPARATION ALLOWANCE (FSA)

Reimbursement for FSA can be claimed on DD Form 1561 (Statement to Substantiate Payment of Family Separation Allowance). Your TDY period must exceed 30 days to qualify for FSA. Do not submit your claim to the Finance Clerk, Student Support Section, USASD, until you have received a copy of your paid travel voucher for this period of time. To claim FSA you must complete the DD Form 1561, attach a copy of your orders, and a copy of the paid travel voucher. Payment of FSA will be on your LES.

## ADVANCE TDY TRAVEL PAYMENT

All requests for advance TDY travel payment should be received by the Travel Clerk, Student Support Section, USASD, at least 45 days before your TDY departure date. Requests, in letter form, must include type of advance desired (TDY travel and per diem, travel only and/or per diem only), check mailing address, signature, and three copies of TDY orders.

## SUBMISSION OF TDY TRAVEL VOUCHER FOR REIMBURSEMENT

1. Submit a completed DD Form 1351-2 (Travel Voucher or Subvoucher) (5-sheet carbon set) and Travel Voucher Continuation Sheet (DD Form 1351-2c), if applicable, to USASD, ATTN: ATZI-TBD-S, within five days after end of TDY travel, unless directed otherwise. The following supporting documents must be attached to your DD Form 1351-2.

a. Four copies of DD Form 1610 or TDY orders with all amendments.

b. Two copies of lodging receipts (when applicable).

c. Two copies of all receipts for items to include transportation (Commercial transportation ticket) in excess of \$25.00 (when applicable).

d. Two copies of statements of nonavailability or impracticality if not in the orders (when applicable).

e. Two copies of government procured transportation documents or receipts from transportation for unused tickets/transportation requests (when applicable).

f. Payee copy of Travel Advances (DD Form 1351) (when applicable).

g. Individual copy of DA Form 31 when leave is authorized in conjunction with TDY.

h. Two copies of Personnel Actions (DA Form 4187) placing traveler from duty to hospital status and return when member is admitted to hospital while TDY (when applicable).

i. Two copies of statement from order approving authority authorizing delays enroute.

j. Two copies of actual expense claim (DD Form 1351-3) when TDY point is an approved actual expense area, or travel is by family member as nonmedical escort. Travel to and from a hospital for a dependent patient or attendant is not authorized in CONUS.

2. All foreign money amounts must be converted to American dollars.

3. Reimbursement for travel by private auto (PA) is paid at the rate of 24 cents per mile.

#### PAYMENT OF TDY TRAVEL ALLOWANCES

Reimbursement should be received four to six weeks after receipt by the Travel Clerk, Student Support Section, USASD. During peak months (June through September) processing time will take longer. You will be reimbursed by check, mailed to the address you request on DD Form 1351-2.

#### PERMISSIVE TDY IN CONJUNCTION WITH SCHOOLING

Permissive TDY is a period of authorized absence, not chargeable as leave, and may be granted if no expense to the Government is involved. Instructions for permissive TDY for house hunting in conjunction with PCS reassignment can be found on page 96.

1. Permissive TDY may be authorized for:

a. Attendance at scientific, professional, or technical meetings that have a direct relationship to your specific specialty. Your attendance must be beneficial to the Army and to you.

b. Attendance as a member of the board of directors of a DOD credit union or attendance at meetings of associations, leagues, or councils formed by DOD.

c. Participation and essential support of participants in sports, recreation, and talent events that are officially run and sponsored by the Army.

d. State jury service or to be a witness at a state criminal investigation proceeding or criminal prosecution. Attendance must be in response to a subpoena, summons, or request in lieu of process. It must involve substantial public interest, such as a major crime in which you would be an essential witness. Any determination under this provision must be coordinated with a command staff judge advocate or legal officer.

e. Support of federally chartered national scouting organizations. Your participation in the scouting program must be as an adult leader or supervisor on a continuing basis.



f. Attendance in certain instructional courses if you are a member of the legal, health care, chaplain, or engineering profession. The course must be required to maintain state license, certification, registration, or continuing education to keep current in your profession.

g. Participation in civilian education programs sanctioned by HQDA in appropriate regulations such as AR 621-1.

h. Participation in other official or semi-official programs of the Army, for which TDY is not appropriate, but will enhance your value to the service.

2. Permissive TDY is not authorized for:

a. Attending spiritual retreats or other religious observances unless these meetings have direct relationship to your specialized background or primary military duties.

(1) Chaplains conducting or officially representing their command at religious retreats, conferences, conventions, or meetings that are command or DA sponsored should do so in an official TDY status.

(2) Pass or leave will be used for attending spiritual retreats or other religious activities in all other instances.

b. Taking licensing examinations in a professional field, except as authorized in other DA regulations.

c. Taking part in scouting activities beyond the scope of paragraph (e) on page 48.

d. Attending to personal affairs, pursuing a hobby, representing a community or civic organization, helping in fund raising for charitable organization, or interviewing or training for postservice employment.

e. Conserving your leave.

f. Attending Command and General Staff College.

3. Request for Permissive TDY. Submit your request for permissive TDY to USASD, ATTN: ATZI-TBD-A, on a DA Form 4187 (Personnel Action) per the sample on page 55. It must be received by USASD at least 30 days before your desired departure date. Requests for 10 days or less may be approved by the USASD Commander. Requests for 11 to 30 days must be approved by the Commanding General, SSC. Requests for 31 or more days must be approved by HQDA. Send a separate DA Form 4187 for each request. The request must:

a. Name the event or activity that you want to take part in, together with justification for attendance.

b. Give your proposed itinerary from departure until return.

c. Include the following statement: "I understand that this absence is not directed by any official of the US Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expense. Because this is a personally assumed absence, I understand that I have the right to cancel it any time and return to my regular place of duty."

d. When suitable, cite the specific regulation under which your education program is sanctioned.

| REQUEST AND AUTHORITY FOR LEAD  |  |  |                       |               |
|---|--|--|-----------------------|---------------|
| For use of this form, see AIR 8246 and pertinent agency's procedures.                           |  |  |                       |               |
| PART - I  |  |  |                       |               |
| 1. NAME (Last, first, middle)   | 2. SOCIAL SECURITY NO.   | 3. PAY GRADE   | 4. DATE               | 5. OFFICE NO. |
| DOE, JOHN L.  | 555-55-5555  | GS-3   | 3 Feb 91              |               |
| 6. ORGANIZATION AND DIVISION  | 7. TYPE OF SERVICE   |  |                       |               |
| USASD, Ft Benjamin Harrison,<br>IN 46216 w/4y sta Syracuse<br>University, Syracuse, NY<br>13212 | <input checked="" type="checkbox"/> DOMESTIC LEAD<br><input type="checkbox"/> OTHER (Name, ) |  |                       |               |
| 8. NO OF DATE/TIME  | 9. DATE OF DATE/TIME   | 10. DATE OF DATE/TIME  | 11. DATE OF DATE/TIME |               |
| 6   | 32   | NA   | 15 Feb 91             |               |
| 12. NAME ADDRESS (Include PO box and telephone no.)   |  | 13. SIGNATURE OF REQUESTOR   |                       |               |
| 23 Buoy Lane<br>Indianapolis, IN 46216<br>(317) 555-1315  |  | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> DISAPPROVED<br>SIGNATURE |                       |               |
| 14. NAME, TITLE, ORGANIZATION OF AUTHORIZED AUTHORITY   |  | 15. SIGNATURE OF AUTHORIZED AUTHORITY  |                       |               |
| 16. SIGNATURE OF REQUESTOR  |  | 17. SIGNATURE OF AUTHORIZING AUTHORITY   |                       |               |
| 18. SIGNATURE OF REQUESTOR (in type and use approved authorized authority)                      |  | 19. SIGNATURE OF AUTHORIZING AUTHORITY   |                       |               |
| 20. SIGNATURE OF REQUESTOR  |  | 21. SIGNATURE OF AUTHORIZING AUTHORITY   |                       |               |
| PART - II   |  |  |                       |               |
| APPLICABLE TO AUTHORIZED TRAVEL ONLY  |  |  |                       |               |
| 22. NO. OF TRAVEL ON AUTHORITY FOR TRAVEL   |  |  |                       |               |
| 23. AUTHORITY AND APPROVED FOR TRAVEL   |  |  |                       |               |
| 24. TRAVEL STAMP (which should include representative's full name and organization)             |  |  |                       |               |
| 25. ARRIVE STATION 1  | 26. DEPART STATION 1   | 27. ARRIVE STATION 2   | 28. DEPART STATION 2  |               |
| 29. ARRIVE STATION 3  | 30. DEPART STATION 3   | 31. ARRIVE STATION 4   | 32. DEPART STATION 4  |               |
| 33. DATE/TIME of arrival  |  | 34. SIGNATURE OF AUTHORIZING AUTHORITY   |                       |               |
| 35. Remarks   |  |  |                       |               |

Ordinary Leave  
DA Form 31

**SAMPLE**

For use of the Army, see DA Form 100-5 and DA Form 100-5-1. The processing agency is indicated.

**PERSONNEL ACTION**

**DATA REQUIRED BY THE PMO ACT**

Authority: Title 38, Section 1012, Title 38, U.S.C. & 3901. Principal Purpose: Use of service member in accordance with DA Form 100-5 and 100-5-1, which requires a personnel action on the basis of a personnel action. The purpose of the personnel action is to determine the processing of a personnel action. The purpose of the personnel action is to determine the processing of a personnel action. The purpose of the personnel action is to determine the processing of a personnel action.

TO: (Include ZIP Code)  
Commander  
US Army Student Detachment  
ATTN: A1Z1-TBD-A  
Ft Benjamin Harrison, IN 46216

FROM: (Include ZIP Code)  
/yyyyyy  
CPT JOHN R. DOE  
1234 Main Street  
Indianapolis, IN 46200

SECTION I - PERSONAL IDENTIFICATION  
GRADE OR GRADES (See note)  
CPT  
SOCIAL SECURITY NUMBER  
123-45-6784

SECTION II - DUTY STATUS CHANGE (See DA Form 100-5-1)

The above member's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_

SECTION III - REQUEST FOR PERSONNEL ACTION

Request the following action \_\_\_\_\_

TYPE OF ACTION

Service School (See note)  
ROTC or Reserve Component Duty  
Volunteering For Overseas Service  
Manager Training  
Assign Extreme Family Problems  
Exchange Reassignment (See note)  
Autism Training  
Special Forces Training/Assignment  
On-the-Job Training (See note)  
Recruiting in Army Personnel System  
SIGNATURE OF MEMBER (When required)

PREVIOUS

Reassignment Married Army Couples  
Reclassification  
Officer Candidate School  
Assignment of Post with Exceptional Family Members  
Identification Card  
Identification Tags  
Separate Return  
Leave - Except/Absence/Outside CMUS  
Change of Name/SSN/DIB  
Other (Specify) \_\_\_\_\_

TYPE OF ACTION

Reassignment Married Army Couples  
Reclassification  
Officer Candidate School  
Assignment of Post with Exceptional Family Members  
Identification Card  
Identification Tags  
Separate Return  
Leave - Except/Absence/Outside CMUS  
Change of Name/SSN/DIB  
Other (Specify) \_\_\_\_\_

SECTION IV - REMAINS (Applies to Service, II, III, and IV to ensure an accurate record)

1. (Reason for request and justification)

2. I understand that the absence is not directed by any official of the US Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. Because this is a personally assumed absence, I understand that I have the right to cancel it any time and return to my regular place of duty.

4. Regulation, when appropriate,

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

I certify that the duty status change (Section II) is the duty status change requested under the DA Form 100-5 and 100-5-1, and that the member is in compliance with the DA Form 100-5 and 100-5-1.

(HAS BEEN VERIFIED)  
COMMANDER AUTHORIZED REPRESENTATIVE

(HAS BEEN VERIFIED)  
SIGNATURE

(REASON FOR REQUEST)  
DATE

(REASON FOR REQUEST)  
DATE

FORM 100-5 4407

Permissive TDY-Schooling  
Personnel Action  
DA Form 4187

## MEDICAL and DENTAL CARE

This section will provide you with information on medical and dental care to include instructions on what to do for emergency care, routine care, and for processing claims. CHAMPUS information has been provided.

### HOSPITALIZATION

Make sure the Student Support Section, USASD, is notified the first workday after you have been admitted to a hospital. Notification can be given by SLO, hospital, or next of kin. Information required:

1. Name, grade, and SSN.
2. Name and location of school you are attending.
3. Duty status at time of hospitalization.
4. Age.
5. Race.
6. Religion.
7. Length of military service.
8. ETS date, if applicable.
9. Date of birth.
10. Date and time of admission.
11. Name, address, and phone number of attending physician(s).
12. Name, address, and phone number of hospital.
13. Diagnosis.
14. Prognosis.
15. Condition of patient.
16. Reason for hospitalization and expected period of stay.
17. Surgery date, if surgery will be required.
18. Name and phone number of individual providing information.

### CONVALESCENT LEAVE

When told you will be placed on convalescent leave after discharge from the hospital, send the Leave Clerk, Student Support Section, a copy of the convalescent leave documents provided by the hospital and immediately phone in the following information to the USASD leave section:

1. Name, grade, and SSN.
2. Name and location of school you are attending.
3. Date and time you will be put on convalescent leave.
4. Date your convalescent leave will end.
5. Address and phone number where you can be reached.
6. On completion of convalescent leave, inform USASD of the date and time of your duty status change (i.e., present for duty, readmitted to hospital).

### CARE AT MILITARY FACILITIES

You and your family members are entitled to medical care and hospitalization at any Armed Forces medical facility. When medical facilities of the uniformed services are available within your area of residence and can provide adequate care, you must use them. If an Armed Forces medical facility is not available, you may use other federal facilities such as Veteran's Administration or Public Health Service.

### CIVILIAN MEDICAL/DENTAL CARE FOR ACTIVE DUTY MEMBERS

In non-emergency cases, if no federal medical facility is available, you may use a civilian medical facility for initial examination if you get prior approval from USASD. Get approval by contacting the USASD Personnel Actions Clerk. Any additional treatment in conjunction with the initial examination from a civilian medical facility must be approved in advance by the US Army MEDDAC responsible for your geographical area. Request approval by sending a letter and a doctor's statement to USASD, ATTN: ATZI-TBD-S.

1. The letter must contain:
  - a. Name, rank, SSN, and residence address (city, county, state, and ZIP code), and phone number.
  - b. Place of duty (school and address).
  - c. Expected date of departure from school.

d. Previous duty station where treatment was available and dates of assignment.

e. Reason care cannot be provided under the university health service program or a federal medical treatment facility.

2. A statement from a physician on his letterhead stationery that includes:

a. Diagnosis or character and extent of condition requiring treatment.

b. Professional procedures necessary.

c. Estimated cost of treatment, the exact type of service required and the charge for each type of service.

d. Statement whether or not condition requiring treatment is chronic.

e. Amount of time required to complete treatment.

f. Necessary X-rays (first examination, cleaning and X-rays are reimbursable).

#### EMERGENCY MEDICAL CARE

You may get treatment, at government expense, for an emergency illness or injury from any physician or civilian medical treatment facility. Emergency care is defined as medical treatment to prevent undue suffering or loss of life, or dental treatment for the relief of a painful or acute condition. Prior approval is not necessary. The attending physician/dentist must certify medical condition and issue an emergency billing statement. Follow-up should be handled the same as found in Civilian Medical/Dental Care for Active Duty Members instructions on page 53.

#### MEDICAL CLAIMS TO BE PAID BY MEDDAC

On completion of civilian medical care (emergency or ordinary), have the source of care (hospital or physician) prepare a statement of charges. Statement must include diagnosis, (codes are not acceptable) the exact services performed, date, and charge for each type of service, together with the following statement signed by the individual providing treatment or the authorized representative of the facility:

1. "I certify that the services were necessary in the treatment of the above named person, that the services were as stated, and the charges are not in excess of those customarily made in this vicinity."

2. If you choose to pay the bill, proof of payment is required for reimbursement.

3. Send statement, with the supporting documents, to USASD, ATTN: ATZI-TBD-S. Payment of claims by MEDDAC normally requires 60-120 days from date claim is received by them.

#### MEDICAL CARE FOR FAMILY MEMBERS

1. If no Armed Forces medical facility is available, your family members may use the Civilian Health and Medical Program of the Uniform Services (CHAMPUS). CHAMPUS claims for non-emergency care, for families within the zones around military hospitals, may be denied unless a nonavailability statement is included. A nonavailability statement is required for non-emergency care if you live within 35 miles or less of a military hospital. If you live 36-60 miles from a military hospital, check to find out if the ZIP code of your residence falls within the boundary zones which require a nonavailability statement. If you live more than 60 miles from a military hospital, you do not need to get a nonavailability statement.

2. CHAMPUS claims require that all family members be enrolled in DEERS (Defense Eligibility Enrollment Systems). All family members 10 years of age and older must have a current DD Form 1172 (Uniformed Services Identification and Privilege Card).

3. The cost to the sponsor under CHAMPUS basic program for outpatient treatment for active duty dependents is a deductible amount for each fiscal year of the first \$50.00 (or \$100.00 for a family). After the deductible amount is paid, CHAMPUS pays 80 per cent of the allowable charges. (The doctor may charge more than the allowable charge.)

4. Inpatient care cost to the sponsor is \$25.00 per day or a small fee for each day in a civilian hospital, whichever is greater. File claim with CHAMPUS contractor no later than 31 December of the following calendar year. For example, if you receive care in 1988, your claim forms must be received by December 31, 1989. To be sure, send any claims in by December 1st.

5. Many doctors, hospitals, etc, have supplies of CHAMPUS forms. If you cannot get the form you need, contact a CHAMPUS advisor, health benefits counselor, or advisor at a uniformed services medical facility, a CHAMPUS contractor, or write to Commander, Hawley Army Community Hospital, ATTN: CHAMPUS Advisor, Fort Benjamin Harrison, IN 46216-7000; or call Comm (317) 549-5168 or AUTOVON 699-5168.

6. Use a DA Form 1763-1 (Services and/or Supplies Provided by Civilian Hospital) to submit claims for services or supplies provided by civilian hospitals. If a civilian doctor agrees to participate in CHAMPUS and accepts the reasonable charge payment set by CHAMPUS, he will complete and sign DD Form 2520 and send it to the CHAMPUS contractor. If the doctor is not a participant, you must pay him and file your own claim enclosing all bills (paid/unpaid) and itemized receipts.

7. Submit CHAMPUS Form 500 OR DD 2520 for all other care except as listed under (9) below.

8. Emergency medical care, when certified by the attending physician, is also authorized under the CHAMPUS program.

9. Benefits not provided under the CHAMPUS program:

a. Routine physical examinations for other than diagnostic purposes and routine immunizations (except for active duty family members who are on orders to travel outside CONUS as a result of their sponsor's duty assignment).

b. Well-baby care.

c. Prosthetic devices (other than artificial limbs and artificial eyes, hearing aids, orthopedic shoes, spectacles, or contact lenses for ordinary correction of refractive error).

d. Dental care (except as a necessary part of medical or surgical treatment).

10. To get more information about CHAMPUS, contact the CHAMPUS office in your area. A listing of CHAMPUS fiscal intermediaries begins on page 58.

#### DENTAL CARE FOR FAMILY MEMBERS

1. A new Dental Insurance plan went into effect on 1 August 1987 for active duty family members if they reside in CONUS, District of Columbia, Puerto Rico or the U.S. Virgin Islands. Enrollment in the Delta Dental Plan is not automatic for soldiers returning from overseas locations. The benefit plan pays for certain dental services provided by a civilian dentist. Costs are based on the family size identified in DEERS. There will be a monthly charge of \$4.57 for a single family member or \$9.14 for 2 or more family members. If a family member is not recorded in the DEERS database, the family member will not be automatically enrolled in the plan. For additional information contact the Health Benefits Advisor at the nearest military installation.



2. Family member dental care is not routinely provided by uniformed services dental facilities. Some military installations are authorized to provide definite dental care for family members of active duty personnel on a space available basis (facilities and staffing permitting) when the family members live within the limits of their established geographic zone. These installations must have a geographic zone and you should check with the dental personnel at the installation in your area about the availability of family member care and the limits of the geographic zone.

#### EYE EXAMINATIONS

Get prior approval from USASD for an examination for glasses unless the examination is scheduled at a military installation. On approval, a DD Form 771 (Spectacles Prescription) will be sent to you for the military optical laboratory. If you want to buy civilian eyewear, it will be at your own expense. When claim for reimbursement is sent to MEDDAC, you will be reimbursed under the schedule provided in AR 40-330.

#### CHAMPUS FISCAL INTERMEDIARIES

CHAMPUS payment offices are listed below. These organizations process claims and make payments under the CHAMPUS cost-sharing process. Claims should be sent to the fiscal intermediary serving the state or area where the medical care or service was provided with the following exceptions: dental claims (except Europe, Africa and the Middle East) and all Christian Science claims should be sent to Blue Shield of California, PO Box 85035, San Diego, CA 92138. Claims for dental care in Europe, Africa, and the Middle East should be sent to OCHAMPUS-EUR, 144 Karlsruherstr, 6900 Heidelberg, FRG or APO NY 09102. (NOTE: Dental benefits under CHAMPUS are extremely limited).

## WHERE TO FILE CHAMPUS CLAIMS

Blue Cross/Blue Shield of South Carolina.....BC/BSSC  
Blue Cross of Washington-Alaska.....BC/WA-AK  
Uniformed Services Benefit Plans, Inc.....USBPI  
Wisconsin Physicians Service.....WPS  
Hawaii Medical Service Association.....HA/MED  
Office of CHAMPS, EUROPE.....OCHAMPUSEUR

### ALABAMA

WPS  
PO Box 7986  
MADISON, WI  
53707-7986  
1-800-866-6337

### ALASKA

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

### ARIZONA

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-334-4816

### ARKANSAS

WPS  
PO Box 7938  
MADISON, WI  
53708-7938  
1-800-236-6000

### CALIFORNIA

BC/WA-AK  
CHAMPUS DEPT  
P.O. BOX 34311  
SEATTLE, WA  
98124-1311  
1-800-537-0296

### COLORADO

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

### CONNECTICUT

USBPI  
PO Box 3066  
COLUMBUS, IN  
47202-3066  
1-800-842-4333

### DELAWARE

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-476-8500

### FLORIDA

WPS  
PO Box 7889  
MADISON, WI  
53707-7889  
1-800-866-6337

### GEORGIA

WPS  
PO Box 7891  
MADISON, WI  
53707-7891  
1-800-866-6337

### HAWAII

BC/WA-AK  
CHAMPUS DEPT  
P.O. 84567  
SEATTLE, WA  
98124-5867  
1-800-537-0929

### IDADO

BC/BSSC  
P.O. BOX 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

### ILLINOIS

USBPI  
PO Box 3054  
COLUMBUS, IN  
47202-3054  
1-800-842-4333

### INDIANA

USBPI  
PO Box 3056  
COLUMBUS, IN  
47202-3056  
1-800-842-4333

### IOWA

USBPI  
PO Box 3058  
COLUMBUS, IN  
47202 3058  
1-800-842-4333

CHAMPUS PAYMENT OFFICES CONTINUED

KANSAS

WPS  
PO Box 7934  
MADISON, WI  
53708-7934  
1-800-236-6000

KENTUCKY

USBPI  
PO Box 3061  
COLUMBUS, IN  
47202-3061  
1-800-842-4333

LOUISIANA

WPS  
PO Box 8934  
MADISON, WI  
53708-8934  
1-800-236-6000

MAINE

USBPI  
PO Box 3064  
COLUMBUS, IN  
47202-3064  
1-800-842-4333

MARYLAND

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-476-8500

MASSACHUSETTS

USBPI  
PO Box 3063  
COLUMBUS, IN  
47202-3063  
1-800-842-4333

MICHIGAN

USBPI  
PO Box 3053  
COLUMBUS, IN  
47202-3053  
1-800-842-4333

MINNESOTA

USBPI  
PO Box 3057  
COLUMBUS, IN  
47202-3057  
1-800-842-4333

MISSOURI

WPS  
PO Box 7939  
MADISON, WI  
53703-7939  
1-800-356-6000

MISSISSIPPI

WPS  
PO Box 7957  
MADISON, WI  
53707-7957  
1-800-866-6337

MONTANA

BC/BSSC  
PO box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

NEBRASKA

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

NEVADA

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

NEW HAMPSHIRE

USBPI  
PO Box 3067  
COLUMBUS, IN  
47202-3067  
1-800-842-4333

NEW JERSEY

USBPI  
PO Box 3052  
COLUMBUS, IN  
47202-3052  
1-800-842-4333

NEW MEXICO

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

NEW YORK

USBPI  
PO BOX 3050 for  
Zips 13000-14999  
PO Box 3051 for  
Zips 10000-12999  
P.O. BOX 3051  
COLUMBUS, IN 47202  
1-800-842-4333

NORTH CAROLINA

BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-476-8500

CHAMPUS PAYMENT OFFICES CONTINUED

NORTH DAKOTA  
BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

OHIO  
USBPI  
PO Box 3060 for  
Zips 43700-44799  
PO Box 3059 for  
COLUMBUS, IN  
1-800-842-4333

OKLAHOMA  
WPS  
PO Box 7936  
MADISON, WI  
53708-7936  
1-800-236-6000

OREGON  
BC/BSSC  
P.O. BOX 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

PENNSYLVANIA  
BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-476-8500

RHODE ISLAND  
USBPI  
PO Box 3065  
COLUMBUS, IN  
47202-3065  
1-800-842-4333

SOUTH CAROLINA  
BC/BSSC  
P.O. BOX 100502  
FLORENCE, SC  
29501-0502  
1-800-476-8500

SOUTH DAKOTA  
BC/BSSC  
P.O. BOX 100502  
FLORENCE, SC  
29501-0502  
1-800-255-4816

TENNESSEE  
WPS  
P.O. BOX 7984  
MADISON, WI  
53707-7984  
1-800-866-6337

TEXAS  
WPS  
PO Box 8932  
MADISON, WI  
53708-8932  
1-800-236-6000

UTAH  
BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

VERMONT  
USBPI  
PO Box 3068  
COLUMBUS, IN  
47202-3068  
1-800-842-4333

VIRGINIA  
BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-476-8500

WASHINGTON  
BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

WASHINGTON, D.C.  
BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-476-8500

WEST VIRGINIA  
USBPI  
PO Box 3062  
COLUMBUS, IN  
47202-3062  
1-800-842-4333

WISCONSIN  
USBPI  
PO Box 3055  
COLUMBUS, IN  
47202-3055  
1-800-842-4333

WYOMING  
BC/BSSC  
PO Box 100502  
FLORENCE, SC  
29501-0502  
1-800-225-4816

Appeals for the Associated Group, PO Box 3069, Columbus, IN  
47202.

## CHAMPUS PAYMENT OFFICES CONTINUED

### PUERTO RICO

WPS  
P.O. BOX 7985  
MADISON, WI USA  
53707-7985  
(608) 259 4847

### DENTAL (World Wide except OCHAMPUSEUR)

BC/BSSC  
PO Box 6150  
COLUMBIA, SC  
29260  
(803) 736-9972

### CHRISTIAN SCIENCE USBPI

ATTN: CHRISTIAN SCIENCE  
P.O. Box 3063  
COLUMBUS, IN  
47202-3063  
1-800-842-4333

### PACIFIC AREA

CHINA, THAILAND, KOREA, AUSTRALIA,  
JAPAN (ect)  
WPS  
PO BOX 7985  
MADISON, WI USA  
53707-7985  
(608) 259-4847

### EUROPE, AFRICA, MID EAST

(Dental for the  
above for those  
areas only)  
OCHAMPUSEUR  
144 Karlsruhe Strasse  
6900 Heidelberg  
West Germany  
Heidelberg Military (2122 575/633)  
OR OCHAMPUSEUR, APO NY 09102

### CANADA, MEXICO, CENTRAL AMERICA, SOUTH AMERICA BERMUDA, WEST INDIES

WPS  
PO Box 7985  
MADISON, WI USA  
53707-7985  
(608) 259-4847

## CHAMPUS SUPPLEMENTAL INSURANCE COMPANIES

1. Whether a private or a general, all soldiers with family members should have an insurance policy that will supplement their CHAMPUS benefits.
2. CHAMPUS is not free! For outpatient care the beneficiary must pay an annual deductible plus a share of the bill. For a stay in the hospital there is a small co-payment of \$7.85 per hospital day while the sponsor is on active duty. It doesn't take a calculator to figure out that a brief hospital stay can add up to a considerable amount.
3. Congress recently passed legislation that limits a family's share of the CHAMPUS bill to \$1,000 per year for the family of active duty soldiers.

4. There are many different kinds of supplemental policies, and you must be careful to know exactly what you are buying. Some policies have a catch: "They're worded so that they agree to pay your 25% of the allowable charges for the hospital costs." Some doctors and hospitals charge more than CHAMPUS will pay, and you would be liable for the extra amount, if the doctor or hospital have not agreed in advance to accept CHAMPUS assignment.

Example, CHAMPUS' new DRG payment system may only allow a charge of \$4,000, not the \$10,000 the hospital billed. So, the insurance company only pays \$1,000. You would be left with the rest of the \$2,500, or a total of \$1,500, to pay out of your pocket.

5. The bottom line answer is that all military families, active duty or retired, need a CHAMPUS supplemental insurance policy.

6. The key is to build a policy that fits your needs. You should do comparison shopping by writing or calling on several companies to get their marketing packages. Use caution when reading and comparing the different plans - read the fine print. Some plans only pay your cost-share amounts and some pay your cost-share plus the excess charges over the allowables. An asterisk (\*) beside the plan indicates the plan pays excess charges.

7. A list of Supplemental Insurance Companies is listed at Index B. You can write to them for information about supplemental insurance. The eligibility criteria for each organization varies; some permit widows and former spouses to join even though their husbands were not members. This list may not include all companies offering plans and does not represent approval, recommendation, or endorsement by the Department of Defense, CHAMPUS or OCHAMPUS.

#### DELTA DENTAL INSURANCE

This section will help you enroll and disenroll, dependents to the Delta Dental Plan. See example next page. For verification of enrollment and/or inquires about coverage, contact the dependent claims office at, (916) 381-9368 if you live WEST of the Mississippi, or (313) 489-2240 if you live EAST of the Mississippi.

| AUTHORIZATION TO START, STOP OR CHANGE<br>AN ALLOTMENT FOR ACTIVE DUTY<br>OR RETIRED PERSONNEL  |  | CONTROL NO. |
|---|--|-------------|
| <p><b>AUTHORITY</b> 37 USC 10141(a), E.O. 9397, November 1943 (SSN)</p> <p><b>PRINCIPAL PURPOSES</b> To permit starts, changes or stops to allotments other than bond allotments. To maintain a record of allotments other than bond allotments and ensure starts, changes, and stops are in keeping with member's desires.</p> <p><b>ROUTINE USES</b> Information may be released to computer service centers and other accounting services when such centers and services act as authorized agents of financial organizations specified by the member to receive allotments. Only such services made to the Federal Reserve System when payment of allotment is made through the electronic funds transfer system to financial organizations. Records may also be disclosed to Congress, all states, all federal, state and local courts, U.S. Treasury, and to the Department of Justice in some cases for law enforcement, investigation or for investigative purposes.</p> <p><b>DISCLOSURE:</b> Voluntary. However, failure to provide the requested information as well as the SSN may result in the member not being able to start, change or stop allotments.</p>  |  |             |
| <p><b>TO BE COMPLETED BY ALLOTTEE</b></p> <p>1. ALLOTTEE'S NAME (Last, first, middle initial) (Print or type) <b>SMITH, JOHN R.</b></p> <p>2. SOCIAL SECURITY NUMBER <b>123-45-6789</b></p> <p>3. GRADE (AO only) <b>CPT</b></p> <p>4. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, Zip) <b>2121 ELM ST<br/>ATLANTA, GA 30302</b></p> <p>5. EFFECTIVE DATE (YY/MM) <b>9101</b></p> <p>6. PAYMENT AMOUNT (Per Month) <b>4.57 (1 DEPN)</b></p> <p>7. ALLOTTEE'S NAME (First, middle initial, Last) <b>9.14 (FAMILY)</b></p> <p>8. CREDIT LINE (If applicable)</p> <p>9. ALLOTMENT ACTION<br/> <input checked="" type="checkbox"/> A START <input type="checkbox"/> B STOP <input type="checkbox"/> C CHANGE<br/> <input type="checkbox"/> D SUPPORT (Note 1)<br/> <input type="checkbox"/> E CHARITY (Note 2)<br/> <input type="checkbox"/> F CHARITY, EMERGENCY ASSISTANCE FUND CONTRIBUTIONS<br/> <input type="checkbox"/> G REPAYMENT OF HOME LOAN (Note 3)<br/> <input type="checkbox"/> H INSURANCE<br/> <input type="checkbox"/> I REPAY SERVICE ORGANIZATION (Red Cross, etc.)<br/> <input type="checkbox"/> J PAY PREMIUMS ON USGL OR NSLI TO VA (Note 4)<br/> <input type="checkbox"/> K PAYMENT TO FINANCIAL ORGANIZATION (NEAP (Note 5))<br/> <input type="checkbox"/> L LIQUIDATION OF DEBTS TO U.S. OR DELINQUENT STATE/LOCAL INCOME/EMPLOYMENT TAXES<br/> <input type="checkbox"/> M LOCAL TAX PAID ALLOTMENT<br/> <input checked="" type="checkbox"/> OTHER (Specify)         </p> <p>10. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, Zip) <b>ATLANTA, GA 30302</b></p> <p>11. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)</p> <p>12. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Province, Country)</p> <p>13. REMARKS</p> <p>14. ACCOUNT NUMBER/POLICY NUMBER</p> <p>15. TOTAL CLASS L AMOUNT \$</p> <p>16. TOTAL CLASS T AMOUNT \$</p> <p>17. DATE (YY/MM/DD) <b>901201</b></p> <p>18. SIGNATURE OF ALLOTTEE <b>John P. Smith</b></p> <p>NOTE 1: Must be different address than allottee. Each dependent allotment must have a different address. Only one support allotment per dependent is allowed.</p> <p>NOTE 2: May not be started after retirement.</p> <p>NOTE 3: May not be started or changed after retirement.</p> <p>DD Form 2558, MAR 90</p> |  |             |

| AUTHORIZATION TO START, STOP OR CHANGE<br>AN ALLOTMENT FOR ACTIVE DUTY<br>OR RETIRED PERSONNEL   |  | CONTROL NO. |
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## SCHOOL and TRAINING INFORMATION

This section will provide you with information and instructions on civilian school programs and training. More detailed information on your responsibilities as a student are found in AR 621-1, specifically chapter 2.

### FULLY FUNDED PROGRAM

The fully funded program is a full-time civilian schooling program of 20 weeks or more. The Army pays all tuition and fees and allows reimbursement of up to \$600 per fiscal year for textbooks and supplies. An additional allowance of \$200 for a Masters thesis and \$500 for a PhD dissertation is authorized. You draw full pay and allowances and are authorized a permanent change of station (PCS) to attend school. Normally, schooling will not exceed 18 months. However, graduate study to prepare for an assignment to the Staff and Faculty, US Military Academy, normally will require 18-24 months. The fully funded program cannot be used in conjunction with fellowships, scholarships, grants, or with VA benefits. (Completion of requirements for a degree pursuant to a fellowship, scholarship, or grant will be in accordance with the provisions of AR 621-7 (Acceptance of Fellow-ships. Scholarships, or Grants), to include service obligation.)

### CONTRACTS FOR FULLY FUNDED STUDENTS

If you are attending a civilian school under the fully funded program and have questions about your contract, contact the registrar at your school or the Resource Management Office, SSC, AUTOVON 699-5612/4518 or commercial (317) 549-5612 or (317) 542-4518.

### REIMBURSEMENT FOR TUITION

If you are attending a civilian college or university under the fully funded program and start school before a tuition contract is prepared, you may be required to pay for the first semester's tuition cost. You will be reimbursed by submitting a claim on SF 1034 (Public Voucher for Purchases and Services Other Than Personal) and attaching a copy of paid receipt. Advanced tuition, graduation fees, and all other mandatory fees specifically authorized by HQDA are also repayable from tuition funds. Send all reimbursement claims to Commander, US Army Soldier Support Center, ATTN: ATZI-PAR-CS, Fort Benjamin Harrison, IN 46216-5100. Submit tuition claims on a separate SF 1034 immediately after you complete registration.



REIMBURSEMENT FOR TEXTBOOKS AND SUPPLIES UNDER THE  
FULLY FUNDED PROGRAM

1. Amounts authorized. If you are attending school for six months or more in a fiscal year, you are authorized up to \$600 reimbursement for textbooks and supplies. For less than six months schooling in a given fiscal year, you are authorized up to \$300. When the total length of schooling is less than six months, a maximum of \$300 will be authorized even if training overlaps two fiscal years. For example, if a fall semester begins in September and ends in December or January, you are authorized a maximum of \$300 for the entire period. Submit SF 1034 (Public Voucher for Purchases and Services Other Than Personal) for repayment. Claim reimbursement for the fiscal year in which the purchase is made even though use or actual payment of the item extends over one or more fiscal years.

2. Request for Reimbursement. You may submit two requests for reimbursement per fiscal year. Because fiscal and academic years do not coincide, these requests must be submitted within 30 days of the end of the academic semester. Thus, you may request reimbursement in December or January for fall semester, May or June for spring semester, or August for summer semester. In all cases, requests for reimbursement must be submitted prior to 10 September each fiscal year. You must submit your final request for reimbursement not later than 30 days after the end of your final academic semester. Clearly mark this request as "final".

3. Expenditures authorized. (Not to exceed total fiscal year authorization.)

a. Textbooks and reference books needed for courses, unless provided by the training facility.

b. Expendable school supplies, to include computer paper, ribbons, and blank floppy disks.

c. Typewriter rental fees.

d. Graduate Record Examination (GRE) aptitude test fees, Graduate Management Admission Test (GMAT) fees, and the Law School Admission Test (LSAT) fees.

e. Other fees charged, such as computer usage, application and graduation fees charged by the school that are not covered by the contract.

f. Typing reproduction, binding, and other fees connected with your thesis or other papers required by the school.  
(Family members are not authorized reimbursement for services.)

g. Seminar registration fees if the seminar is essential for your training as determined by HQDA or is a requirement for successful completion of a long course training program. You must have prior DA approval.

h. Transcripts, when required.

4. Expenditures not authorized.

a. University deposits, automobile registration, parking fees, locker fees, athletic fees, and insurance.

b. Items of clothing (to include uniforms).

c. Briefcases.

d. Desks, chairs, filing cabinets, or other furniture.

f. Fraternity fees, pins, rings, etc.

g. Interest payments on loans for tuition or books.

5. Preparation of vouchers (SF 1034). See sample on page 67 to help you understand the following steps.

a. In the top section, list "Department of the Army" as the department, bureau, or establishment, and write or type the date of preparation. As payee, you will list your own name, last four of SSN, and the address to which you want the check mailed. No payee account number is required.

b. In the "description of articles and services" section, clearly show entitlement by stating: "The following expenses were incurred in connection with attendance at (school) during the period \_\_\_\_\_ under the provisions of AR (applicable regulation) (i.e., AR 621-1 for fully funded students)." If this is your final voucher for a fiscal year, enter the following: "This is a final voucher."

c. Sign the voucher in the space for "articles and services." DO NOT SIGN in the spaces for "approving officer," "authorized certifying officer," or the "payee" space at the bottom of the voucher (see page 67).

d. List all items in "description of articles and services" section, Continuation Sheet (SF 1035), or a list attached to the voucher. Show the date of purchase, a brief description, unit price, and amount in the proper spaces.

e. Do not list low cost expendable supplies individually when the total amount of a single purchase is less than \$5. However, attach receipts for all items claimed.

**SAMPLE**  
**Public Voucher for Purchases and Services Other Than Personal**  
**Standard Form 1034**

|   |                             |  |                             |                             |              |                         |                   |                         |
|---|-----------------------------|--|-----------------------------|-----------------------------|--------------|-------------------------|-------------------|-------------------------|
| Standard Form 1034<br>Revised January 1980<br>Department of the Treasury<br>17FPM 4-2000  |                             | <b>PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL</b>   |                             |                             |              | VOUCHER NO.             |                   |                         |
| U.S. DEPARTMENT, BUREAU OR ESTABLISHMENT AND LOCATION   |                             |  |                             | DATE VOUCHER PREPARED       |              | SCHEDULE NO.            |                   |                         |
| Department of the Army  |                             |  |                             | 1 JUNE 1991                 |              | PAID BY                 |                   |                         |
|   |                             |  |                             | CONTRACT NUMBER AND DATE    |              |                         |                   |                         |
|   |                             |  |                             | REQUISITION NUMBER AND DATE |              |                         |                   |                         |
| PAYEE'S NAME AND ADDRESS<br><br>MAJ JOHN R. DOE, 123-45-6789<br>1111 SOMEPLACE STREET<br>ANYPLACE, TEXAS 00000  |                             |  |                             | DATE INVOICE RECEIVED       |              | GOVERNMENT B. I. NUMBER |                   |                         |
|   |                             |  |                             | DISCOUNT TERMS              |              |                         |                   |                         |
|   |                             |  |                             | PAYEE'S ACCOUNT NUMBER      |              |                         |                   |                         |
|   |                             |  |                             | SHIPPED FROM TO WEIGHT      |              |                         |                   | GOVERNMENT B. I. NUMBER |
| NUMBER AND DATE OF ORDER  | DATE OF DELIVERY OR SERVICE | ARTICLES OR SERVICES<br><i>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</i> | QUAN.<br>T.Y.               | UNIT PRICE<br>COS* PER      |              | AMOUNT                  |                   |                         |
| The following expenses were incurred in connection with attendance or application for enrollment at any approved course of instruction at Sagebrush University during the period 1 Jan 91 thru 31 May 92 under the provisions of AR 621-1. This is/is not a final voucher.  |                             |  |                             |                             |              |                         |                   |                         |
|   | 1 Jan 91                    | Application fee to Sagebrush Univ  | 1                           | 10.00                       |              | 10.00                   |                   |                         |
|   | 5 Jan 91                    | Textbook - Accounting  | 1                           | 18.95                       |              | 18.95                   |                   |                         |
| (Use continuation sheet(s) if necessary)  |                             |  |                             |                             |              | TOTAL 28.95             |                   |                         |
| PAYMENT:  |                             | APPROVED FOR   |                             | EXCHANGE RATE               |              | DIFFERENCES             |                   |                         |
| <input type="checkbox"/> PROVISIONAL  |                             | = \$   |                             | = \$1.00                    |              |                         |                   |                         |
| <input type="checkbox"/> COMPLETE   |                             | BY:  |                             | Amount verified correct for |              |                         |                   |                         |
| <input type="checkbox"/> PARTIAL  |                             | TITLE  |                             | (Signature or initials)     |              |                         |                   |                         |
| <input type="checkbox"/> FINAL  |                             |  |                             |                             |              |                         |                   |                         |
| <input type="checkbox"/> PROGRESS   |                             |  |                             |                             |              |                         |                   |                         |
| <input type="checkbox"/> ADVANCE  |                             |  |                             |                             |              |                         |                   |                         |
| Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment:  |                             |  |                             |                             |              |                         |                   |                         |
| (Date)  |                             | (Authorized Certifying Officer)  |                             |                             |              | (Title)                 |                   |                         |
| ACCOUNTING CLASSIFICATION   |                             |  |                             |                             |              |                         |                   |                         |
|   |                             |  |                             |                             |              |                         |                   |                         |
| PAID BY   | CHECK NUMBER                |  | ON ACCOUNT OF U.S. TREASURY |                             | CHECK NUMBER |                         | ON (Name of bank) |                         |
|   | CASH                        |  | DATE                        |                             | PAYEE        |                         |                   |                         |
| *When stated in foreign currency, insert name of currency.<br>**If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided over his official title.<br>***When a voucher is received in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be. |                             |  |                             |                             |              |                         | PER               |                         |
|   |                             |  |                             |                             |              |                         | TITLE             |                         |
| Previous edition obsolete<br>1034-110-0*<br><b>PRIVACY ACT STATEMENT</b><br>The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.  |                             |  |                             |                             |              |                         |                   |                         |

Make sure date on receipt corresponds with fiscal year in which claim is being made. Claims for only one fiscal year will be shown on a voucher.

f. Show the total amount listed in the block labeled "total."

g. Attach to each voucher, dated receipts clearly marked "paid" for all purchases or payments. Cancelled checks or charge receipts are acceptable when the item bought is fully described in the "articles or services" block and the receipts show the store where purchase was made. Legible photostatic copies are acceptable.

h. Send completed voucher (original and four copies, leaving carbon copies attached), together with all receipts, to Commander, US Army Soldier Support Center, ATTN: ATZI-PAR-CS, Fort Benjamin Harrison, IN 46216-5100. All copies of voucher must be legible (print or type) or processing will be delayed.

### PARTIALLY FUNDED PROGRAM

The partially funded program is a full time civilian schooling program. Normally, the period of schooling will not exceed 18 months. The Army authorizes full pay and allowances, but you must pay for all tuition, fees, and textbooks. In-service financial aid may be available under the Vietnam GI Bill, Post Vietnam Era Assistance Program (VEAP), or the All Volunteer Force Educational Assistance Program (New GI Bill). Schooling of less than 20 weeks will be in a permissive TDY status. Persons requiring 20 weeks or more of schooling are authorized a PCS. The Degree Completion Program (DCP), and the Cooperative Degree Program (CDP), are included in this program. Officers in the partially funded program are not eligible for Army tuition assistance under AR 621-5 (Army Continuing Education System) or authorized TDY per diem or travel.

### TRAINING WITH INDUSTRY (TWI)

The TWI program is a full time training program that provides knowledge, experience, and perspective in a civilian industry. The training period will not exceed 12 months. This program also applies to positions with responsibilities that parallel industrial functions, such as transportation, contracting, and management. You draw full pay and allowances and are authorized a PCS to participate in this training. The Army authorizes a maximum of \$1,500 per 12-month period for reimbursement of TDY per diem and travel performed in conjunction with this training.

### FUNDED LEGAL EDUCATION PROGRAM (FLEP)

The FLEP is a full time civilian schooling program normally not to exceed three academic years, leading to a JD or LLB Degree. You draw full pay and allowances and are authorized PCS. The Army pays all tuition and fees and allows reimbursement of up to \$600 per fiscal year for all textbooks and supplies. OJT training is mandatory during the summer break period, for which an officer may receive TDY reimbursement. This program is governed by AR 351-22 (The Judge Advocate General's Funded Legal Education Program).

### SERVICE OBLIGATION

All officers selected for 60 days or more of full time courses of instruction at civilian institutions will stay on active duty for a period equal to three times the length of schooling, computed in days, after graduation or withdrawal/removal from the program, unless sooner relieved for the convenience of the Government.

Participants in the Cooperative Degree Program will incur an active duty service obligation, as prescribed above, in addition to obligation incurred through attendance at the service school. The total service obligation of active duty service, computed under the provisions of AR 350-100 (Officer Active Duty Service Obligations), will not be more than six years.

#### PROGRAMS OF STUDY

1. If you are enrolled in a civilian schooling program in which specific Army Education Requirement System (AERS) requirements must be met, you must plan your program to meet these requirements. The maximum time authorized for your particular program is specified in your assignment orders. Plan your program so that you can complete it in the minimum time possible. Ask your faculty advisor to help you.

2. How do you decide which courses to take? If you are enrolled in an undergraduate program, take the degree requirements specified by the institution. At the masters level, consider the specific job you will be assigned after graduation, if known, and select courses which will contribute to a better understanding of the duties required of persons working in this specialty. Obviously, courses in investment, principles of insurance, income tax, accounting, etc, are personally oriented and, in most cases, not related to your specific degree requirements and will not be taken. Your branch and/or functional proponent office can help you determine thesis topics or electives which will best serve you and the Army.

#### ACADEMIC ACHIEVEMENT

Students frequently have academic difficulties during their first semester; however, they normally adjust to the newness of the school situation and establish enviable academic records. Do not become unduly discouraged if you have difficulties during the early part of your tour. While you must take the minimum load specified above, be careful about scheduling too heavy an academic load during your first term. If you encounter serious difficulties, promptly contact your branch professional development officer. Try to overcome the trouble by consulting university counselors, hiring private tutors (at personal expense), and enlisting the help of other students. Keep a close watch on your progress at all times.

## ACADEMIC HOUR REQUIREMENTS

1. While attending a civilian institution under a full time civilian educational program, (to include degree completion and Coop program), you must continue enrollment on an uninterrupted basis, to include summer sessions, where applicable. You must adjust your academic program to take the following workloads:

| <u>Academic System</u>                               | <u>Academic Degree Being Pursued</u>         | <u>Minimum Workload (Academic Hours Per Training Periods)</u>                 |
|--|--|---|
| Semester   | Graduate Degree                              | 12 hours/semester   |
|  | Undergraduate Degree                         | 15 hours/semester   |
|  | Associate Degree                             | 15 hours/semester   |
| Total summer period (for schools on semester system) | Graduate, Undergraduate and Associate Degree | 12 hours/if school has two sessions during summer period (6 hrs each session) |
|  |  | 9 hours if school has a single session (term) during the summer period        |
| Quarter (includes summer quarter if 3 months long)   | Graduate Degree                              | 12 hours/quarter  |
|  | Undergraduate Degree                         | 15 hours/quarter  |
|  | Associate Degree                             | 15 hours/quarter  |
| Technical School                                     | Certificate of Training or Associate Degree  | 15 hours/semester   |
|  |  | 15 hours/quarter  |

2. Students may take the maximum academic workload approved by the school; however, the workload will not be below the levels shown above unless prior written approval is received from HQDA (TAPC-OPB-D). You must obtain prior approval if you expect to be unable to complete the minimum workload per academic term. This is also required if the school policy recommends a workload less than the minimum. Minimum workload includes hours required for thesis or dissertation research at the graduate level. It does not include audit courses except those approved by HQDA.

3. USASD cannot authorize changes in your program of study or extensions of your tour. These requests must be submitted to Education Branch, PERSCOM, for consideration.

#### RELATIONSHIP WITH PROFESSOR OF MILITARY SCIENCE (PMS)

If there is an Army ROTC Program at your university, you are directed to visit the PMS as soon as possible after you arrive. Although the PMS has no formal command authority over you, he can give you valuable assistance and counsel. You, in turn, can be an effective "salesperson" for the Army and in particular, for the local ROTC Program. The PMS is authorized to enlist your help; however, the pursuit of your academic program takes priority over all other activities, both official and personal. Each ROTC Instructor Group is entitled to unit funds for each assigned student. You and your family will be included in unit fund activities as well as ROTC events.

#### VA AFFAIRS

Questions about VA affairs should be referred to the school's VA representative or your local VA office.

#### REPORT FOR TRAINING AGENCY (DA FORM 2125) (APPLIES TO ALL STUDENTS ATTENDING CIVILIAN SCHOOLS FULL TIME)

1. You are required to forward completed DA Forms 2125 throughout your time in school. To begin your studies you must consult with your faculty advisor to develop your program of study. List your entire program of study, to include course and number date of graduation and have your faculty advisor sign the reverse side of the form and submit within 10 days after registration. Subsequent DA Forms 2125 must be submitted for each semester, term, quarter, or summer session and should show courses and grades received for the period just completed, courses to be taken during the next period, and any changes in your proposed graduation date or program of study. DA Forms 2125s which indicate a change in your program of study must be signed by your faculty advisor. You must complete 4 copies of each DA Form 2125 within 10 days after registration and forward 3 copies through your Student Liaison Officer (SLO) to Cdr, PERSCOM, ATTN: TAPC-OPB-D, 200 Stovall Street, Alexandria, Virginia 22332-0411. If no SLO has been appointed, mail the forms directly to PERSCOM. Send the fourth copy to your proponent office. For example, if you are a 13/49 officer studying ORSA engineering, you would send the fourth copy of each form to the Functional Area 49 Proponent Office. Addressees of the Functional Area Proponent Offices are listed at Index C. Remember to keep PERSCOM informed of your location and academic progress by promptly submitting this report.



Use the "remarks" section to explain below average grades, whether these low grades will affect your getting a degree or completing your training as scheduled. Essentially, PERSCOM wants to know how you stand academically and what can be done to help you. Special programs, self-study, research, and activities other than regularly scheduled classwork will be included in the proposed program sheet when possible.

2. You must complete four copies of the DA Form 2125 within five days after registration. The reverse side of your initial DA Form 2125 must be completed and signed by your faculty advisor. You are responsible for sending three of the completed forms to your SLO no later than 10 days after registration. If no SLO has been appointed, mail two completed copies to HQS PERSCOM, ATTN: TAPC-OPB-D, 200 Stovall Street, Alexandria, VA 22332-0411. Complete the DA Form 2125 and submit within 10 days after registration for each subsequent semester, quarter, or term. Send the fourth copy of each DA Form 2125 to your proponent office. For example, if you are a 13/49 officer studying ORSA Engineering, you will send the fourth copy of each 2125 to the Functional Area 49 Proponent Office. Addresses of the Functional Area Proponent Offices are listed at Index C.

#### COMPLETION DATE

1. The "completion date" referred to throughout this handbook is the day you complete classroom requirements, the day of commencement exercises, or the day you complete your training. Most civilian schools do not hold commencement exercises at the end of each term break. Therefore, your "completion date" would be the last day of classroom requirements (to include final exams).

2. The period of study shown in your orders is the inclusive period approved by HQS PERSCOM (i.e., Jun 87 through Dec 88). This means that you start classes during the month of June 1987 and complete them before 31 December 1988. You are not authorized to begin classes before 1 June 1987 or to register for any term that ends after 31 December 1988. Any extension to the period of study must be approved by HQDA. USASD cannot approve extensions of schooling (applies to civilian schools only).

3. If you attend a military school (CONUS or foreign), completion dates have been established by the schools before the start of academic year.

4. If you attend law school under the Funded Legal Education Program (FLEP), you are authorized an administrative extension after completion date to take your bar examination. Completion dates on file in USASD will be used for record and suspense purposes. About 90 days before completion date, DA will advise USASD of the authorized administrative extension period. Your completion date will be changed to show the ending date of administrative extension (JAG detail).

5. You must make sure that your completion date is correct. This date is used as a suspense date to start many personnel actions by HQDA and USASD (i.e., reassignment orders, mailing of records, and academic evaluation reports). The completion date on file at USASD appears in the upper right hand corner of the mailing label of each end-of-month mailing. Immediately inform USASD, ATTN: ATZI-TBD-A, and your SLO of any changes.

6. You must inform your DA Professional Development Officer by phone or letter, as soon as it becomes apparent that:

a. You cannot successfully complete your program of instruction within the approved contract period.

b. You cannot meet the requirements for continued study in graduate school.

c. You will not receive the degree for which you are studying, or you will not successfully complete the training you have been assigned to receive.

d. You have an academic or personal problem which will adversely affect your status as an Army student.

e. You will complete requirements early.

f. In your letter, explain the problem in enough detail to allow your career branch to fully evaluate the situation. Include any comments, observations, recommendations, or requests which will enable this detachment to act on the matter or provide help. Address correspondence through the Commander, USASD, ATTN: ATZI-TBD-A.

#### ACADEMIC REPORTS

1. All students assigned to USASD, except officers attending law school under the Fully Funded Legal Education Program, must receive an Academic Evaluation Report (AER) before departing school. You must coordinate with your faculty advisor or Army advisor to ensure completed AERs, with a copy of official transcript of grades attached, if applicable, to Development Branch, PERSCOM, within 30 days after your completion date.

Officers who encounter difficulty with school officials in completing the prescribed portions of academic reports should notify your branch, without delay, of the circumstances. Make sure that the academic report and official transcripts include full name, SSN, and branch/functional codes/MOS. Official transcripts must bear the institution's raised seal and/or contain multicolored ink. AERs must state that the degree has been awarded. The specific discipline (major and, if applicable, minor) must be stated. Incomplete academic reports cannot be processed by PERSCOM, resulting in possible adverse consequences for you if you are being considered for promotion/centralized selection.

2. There are three types of academic reports:

a. DA Form 1059 (Service School Academic Evaluation Report). This form will be started by Officer Records, MPD, SSC, for each student assigned to the Air, Marine, or Naval Command and Staff College; the Amphibious Warfare School; or the Communications Officers' School. Forms will be sent to the Army Advisor for completion about 30 days before graduation.

b. DA Form DA Form 1059-1 (Civilian Institution Academic Evaluation Report). This form will be started by Evaluation Branch, MPD, SSC, for each student attending a civilian institution, students participating in the Training with Industry Program, and students in the Clinical Pastoral Program. Forms, with an instruction sheet, will be mailed to you about 30 days before graduation date.

c. DA Form 1059-2 (Senior Service College Academic Evaluation Report). Officer Records, MPD, SSC, will start this form for officers attending the Naval War College and send it to the Army Advisor for completion. Academic reports for officers attending the Air War College will be started and completed by the Army Advisor. Information needed to prepare forms will be sent by Officer Records, MPD, SSC.

3. Academic reports prepared on students attending schools sponsored by an allied nation and not written in English, will be translated and then transferred to DA Form 1059-1. The allied nation academic report will be attached, and all forms will be mailed directly to HQDA (TAPC-OPB-D), 200 Stovall Street, Alexandria, VA 22332-0411.

REIMBURSEMENT FOR THESIS

If you are pursuing a master or doctoral degree, you will be authorized an additional \$200 for your master's thesis or \$500 for your PhD dissertation during your final semester. Complete and forward a separate reimbursement voucher for thesis expenses. This request is separate from reimbursement for textbooks and supplies.

## THESIS INFORMATION

1. Many students attending graduate school must write a thesis or do a major project to fulfill degree requirements. Such work can be valuable Army research resource, particularly if done in coordination with, and under the guidance of, a Branch or Functional Area Proponent to address areas of current Army concern. However, many students in the past have written on subjects which were of little value to the Army. When writing a thesis, select a topic which will support an Army program or problem. You can get help in developing a topic program or problem by contacting the headquarters to which you will be assigned after graduation, HQDA (TAPC-OPB-D), your branch or functional area proponent office, or the Defense Technical Information Center (DTIC). DTIC is a central depository of research data collections for DOD and gives access to scientific and technical information to DOD personnel. Many universities and military service schools are registered for service from DTIC. As a graduate student with DOD sponsorship, you have a right to use the services of DTIC. If the library or ROTC unit of your school is already registered as a DTIC user, arrange to get help through them. You can also register (at a school address) for service to you directly. This usually involves access to unclassified technical reports and bibliographic information, although, in controlled situations, classified information may be authorized if the subject requires it. Get information about procedures and available material by contacting any of the following:

a. Main Location:

Defense Technical Information Center  
ATTN: Reference Services Branch (DTIC-DFRA)  
Building 5, Cameron Station  
Alexandria, VA 22304-6145  
Commerical (202) 274-7633; AUTOVON 284-7633

b. Other Locations:

DTIC Albuquerque Regional Office  
AFWL/SUL, Building 419  
Kirtland AFB, NM 87117-6008  
Commercial (505) 846-6797; AUTOVON 246-6797

DTIC New England Regional Office  
ATTN: DTIC-BOS  
Building 1103  
Hanscom AFB, MA 01731-5000  
Commercial (617) 377-2413; AUTOVON 478-2413

DTIC Los Angeles Regional Office  
222 North Sepulveda Boulevard  
El Segundo, CA 90245-4320  
Commercial (213) 335-4170; AUTOVON 972-4170

DTIC MATRIS Office  
ATTN: DTIC-DMA  
San Diego, CA 92152-6800  
Commerical (619) 553-7000; AUTOVON 553-7000

2. The Army, as your sponsor, has a proprietary interest in the research work you do. Therefore, if you must submit a thesis or do a major research project to meet graduation requirements, you must submit copies of the final product to the DTIC system to give the entire Army the benefit of your research. Send one copy of the thesis, or research project report, once written and accepted, to Defense Technical Information Center, ATTN: Selection Section (DTIC-FDAC), Building 5, Cameron Station, Alexandria, VA 22304-6145, where it will be included in collection of technical reports. This will give the entire DOD in-house laboratory and contracted research community the benefit of the work done and give the author a permanent reference for future use. Do not send copies of your thesis or dissertation to PERSCOM. However, you should contact the proponent office of your graduate program to ascertain whether it will require a copy. Proponent addresses and phone numbers are listed at Index C. A thesis is unclassified and releaseable to the public, it will also be sent to the National Technical Information Service in the Commerce Department for sale to the public. Do not send copies of your thesis or dissertation to PERSCOM.

#### STUDENT LIAISON OFFICER

This section provides instructions on procedures and responsibilities for any individual who is appointed as a Student Liaison Officer (SLO). If no student liaison officer is appointed for your school, you as an individual, should comply with these instructions, unless otherwise stated.

#### SLO APPOINTMENT

A student liaison officer for each school will be appointed by USASD. Usually, the senior individual on campus will be designated, consistent with remaining time on campus. The student liaison officer plays a very important role to help the detachment maintain a close relationship with the Army students. If you are appointed as a student liaison officer, the program will be only as good as you make it. All suggestions and recommendations are solicited to constantly improve the program and enhance student support.

## SLO RESPONSIBILITIES

1. As an appointed SLO, you are the direct representative of the Commander, USASD, with commensurate authority for all responsibilities assigned. This program is basically a substitute for a local Chain of Command. Your position, by virtue of your rank and appointment, requires you to provide guidance (both personal and professional) and establish a mutual support system with other student officers. The degree of involvement will depend on the needs and desires of those at your school. Your specific duties in this capacity are to:

a. Serve as a contact to assist USASD in maintaining communications with the Army officer students at your institution.

b. Collect and submit the DA Forms 2125, Report to Training Agency, for all student officers enrolled and assigned to USASD. Two DA Forms 2125 will be submitted for each student officer as an enclosure to the "Report of Army Students at (Civilian School)". This letter, with all enclosures for student officers, will be forwarded to: Headquarters, U. S. Total Army Personnel Command, ATTN: TAPC-OPB-D, 200 Stovall Street, Alexandria, VA 22332-0411, within 21 days after the start to each school term. Also, ensure each student officer sends a copy of their DA Form 2125 to the appropriate functional area proponent office at the same time. A Functional Area Proponent Office listing is located in the back of the handbook.

c. Update, verify, and sign the quarterly school roster, and return it to USASD within 15 days of receipt.

d. Will administer the Army Physical Fitness Test and Army Weight Control Program per guidance beginning on page 85.

e. If your school has an Army ROTC Instructor Group, the PMS is provided Unit Fund money for each student assigned. Therefore, student officers should be told they are eligible to participate in Unit Fund activities, but participation should be coordinated ahead of time with the PMS. You are responsible for keeping the local PMS abreast of all student officer matters, and insuring that each student officer makes a courtesy visit to the PMS within 30 days of his or her arrival.

f. Ensure all student officers comply with the highest state of military conduct and dress. The Commander, USASD, will be advised of any student officer who does not comply with the appearance standards.

g. Circulate information from this headquarters to your fellow students and furnish this headquarters information from the students.

h. Notify USASD of any changes to programmed completion, either earlier graduation dates or extension in the period of schooling, changes of address and telephone numbers.

i. Report all violations of the Uniform Code of Military Justice, infractions prejudicial to good order and discipline, establish personnel reporting and accounting procedures for reporting any cases of injury, hospitalization, or unauthorized absences of the student officers. You are authorized to verbally approve ordinary leave in an extreme emergency. USASD will be furnished the reason for absence, dates of leave, leave address, and telephone number.

j. Provide each new publication of a school catalog for undergraduate and graduate schools to USASD. Catalogs should be provided by the school at no expense to the SLO or the government. These catalogs are made available to prospective students and for ready reference.

2. You should use postal services for communicating with the Student Detachment. If it is essential that you call, please use AUTOVON to save personal expense. If none of these means are available, call the Student Detachment, give your complete name and phone number and ask that your call be returned.

3. For each student officer pending assignment to your institution, a copy of the orders or a copy of each individual's "Inprocessing Packet Worksheet" will be forwarded to you.

4. USASD will furnish the Commander of each ROTC Region with a quarterly roster and periodic updates of the names of student officers attending colleges and universities having ROTC Instructor Groups.

5. Provided that schedules permit, students should be encouraged to participate in campus and community activities as volunteers. Experience shows that when the Liaison Officers have "organized" the Army students, a closer relationship exists. Periodic gatherings provide an opportunity to discuss problems and exchange information.

6. If you need assistance or have questions concerning the program or your duties, contact USASD, Student Liaison Coordinator, ATTN: ATZI-TBD-A, or call AUTOVON 699-5657/8 or Commercial (317) 549-5657/8.

SAMPLE  
Report of Army Students Letter



DEPARTMENT OF THE ARMY  
HEADQUARTERS, TROOP BRIGADE  
US ARMY SOLDIER SUPPORT CENTER  
FORT BENJAMIN HARRISON, INDIANA  
Student Detachment  
Building 1, Rm 104-D 46216-5820



ATZI-TBD-A (621)

DATE: \_\_\_\_\_

MEMORANDUM FOR: HQ, Total Army Personnel Command, ATTN: TAPC-OPB-E, 200  
Stovall Street, Alexandria, Virginia 22332-0411

SUBJECT: Report of Army Students at \_\_\_\_\_

1. The following report covers last term activities during the period \_\_\_\_\_ to \_\_\_\_\_.
2. The following dates for next term are furnished:
  - a. The (spring/summer/fall/winter) (semester/term/quarter/session) will commence \_\_\_\_\_ and terminate (last day of exams) \_\_\_\_\_.
  - b. Vacation period(s) will be from \_\_\_\_\_ to \_\_\_\_\_.
  - c. Commencement exercises will/will not be held on \_\_\_\_\_.
3. A list of the students assigned during last report and current report period is attached as Enclosure 1. List has been annotated to reflect students that departed at the end of last report period, students who submitted DA Form 2125's (attached as Encl 2), and students who failed to submit DA Form 2125's prior to submission of this report.
4. New catalogs, both undergraduate and graduate schools, are enclosed/sent separately by mail. In addition, catalogs have been forwarded to US Army Student Detachment, with a copy of this letter.
5. My current address and telephone number is \_\_\_\_\_

- \_\_\_\_ Encl
1. List of Students
  2. \_\_\_\_ DA Form 2125
  3. Catalogs

\_\_\_\_\_  
Signature  
USASD Student Liaison Officer

\_\_\_\_\_  
Name of Institution



## ARMY PHYSICAL FITNESS PROGRAM

This section will provide you with procedures for conducting and administrating the Army Physical Fitness Test.

### POLICY

All personnel assigned to USASD will take the APFT semi-annually if assigned to USASD for more than 6 months. All results will be forwarded to USASD. The Spring test (April-May) is due by 31 May and the Fall (September-October) is due by 31 October.

### GOALS

1. To develop physically qualified soldiers who are capable of performing their assigned duties in combat as well as in a peacetime environment.
2. To ensure USASD students are administered the Army Physical Fitness Test (APFT) semi-annually in accordance with Department of the Army (DA) guidance.

### RESPONSIBILITIES

1. The Commander, USASD, is responsible for the development and implementation of physical fitness for police USASD personnel.
2. The Student Liaison Officer (SLO) or a senior army officer at the school, if no SLO has been appointed, is responsible for administering the appropriate APFT to all eligible students assigned to each school and reporting the results to USASD.
  - a. The date, time, and place of the APFT will be arranged by the SLO or the Senior Army Student. The APFT should cause minimum disruption to a student's academic studies.
  - b. The SLO or the Senior Army Student may request assistance, as they deem necessary, from other sources such as ROTC detachments, other military units (including Reserve and National Guard units), Army Advisors, or school Physical Education Departments for administering the APFT. If such assistance is requested, APFT events must be administered in accordance with this section.
  - c. Once arrangements have been made to administer the APFT, the students will be informed of the date, time, and location, and dress of the test.

d. Each individual is responsible for his/her personal appearance, and for participating in a continuous and progressive physical training program which will enable him/her to pass the APFT.

#### ADMINISTERING THE ARMY PHYSICAL FITNESS TEST

1. The APFT will be conducted in accordance with FM 21-20 (Physical Readiness Training). Deviations from the procedures established are authorized only for the purpose of conducting the APFT indoors during inclement weather.

2. Prior to the APFT:

a. Arrange for a date, time, and place to administer the APFT.

b. Coordinate with local military units, ROTC detachments, or PE departments for support and assistance.

c. Advise the students that the APFT may be taken in civilian clothing. Athletic shoes (running shoes, joggings shoes, etc) may be worn.

d. Collect profiles from students, if necessary. All profiles must be mailed to USASD.

3. On the day of the APFT:

a. Check to ensure all USASD students listed on your APFT roster are present. Attendance is mandatory whether or not the individual will take the APFT, unless student has prior permission of SLO or Senior Army Student.

b. Record each individual's height, weight, and age; and make sure these items are entered on the APFT Roster.

c. Observe each individual's appearance, with specific attention to:

(1) Overweight conditions such as "pot-bellies".

(2) Length or cut of hair.

(3) Length or cut of mustache.

(4) Presence of unauthorized beards, goatees, or flared/overly long sideburns.

d. Enter all required information under the appropriate test column on the APFT Roster.

4. After completion of the test:

a. Sign the block labeled "Scorer Signature" and return one copy of the APFT Roster to USASD (ATTN: ATZI-TBD-A). Keep the other copy of the APFT Roster for your records.

b. For individuals who did not take the test, enter one of the following statements on the APFT Roster:

(1) Profile (temporary or permanent) (Attach a copy of the profile to the APFT Roster which is to be mailed to the USASD).

(2) No show-unexcused.

5. Personnel who fail the regularly scheduled evaluation may be reevaluated one time when soldier is ready or within the next 60 days. Scheduling of the reevaluation will be the responsibility of the individual in coordination with the SLO.

6. Personnel who miss the scheduled testing and weigh-in through no fault of their own (i.e., TDY, written or oral comprehensive examinations, or emergency medical or dental care) may be evaluated at a convenient time for both the individual and the SLO. This must be rescheduled within 30 days.

7. Profiles.

a. Profiles do not exempt an individual from participating in physical training or evaluation. For instance, an individual with a profile which precludes running, jumping, and prolonged standing may train for and will be evaluated on push-ups, sit-ups, and an alternate APFT event.

b. Permanent profiles. A permanent profile is a matter of record. Personnel with a permanent profile will provide a copy to the SLO who will forward it to USASD. An alternate APFT, as designated by a doctor or other medical authority, will be taken.

c. Temporary profiles. A copy of temporary profiles will be provided to USASD. Once the temporary profile has expired or been lifted by a physician, the individual will be given twice the amount of profile period (not to exceed 90 days) to train for the APFT and then tested within 10 days following the established period of training.

## 8. Recording of APFT and Height/Weight Results.

a. The date of the APFT and results will be recorded on each student's academic evaluation report (AER) (i.e., entered as "Pass", "Fail", or "Profile" followed by the date of the most recent APFT or the date the profile was given). (NOTE: An entry of "Fail" followed by the date of most recent scheduled test will be recorded on the AER for soldiers who fail to take the APFT as scheduled).

b. Height and weight will be entered in inches and pounds (for example, 72/185) on each student's AER. This entry will be followed by a "yes" or "no" to indicate compliance or noncompliance with the provisions of AR 600-9.

c. Rater narrative comments will be mandatory for APFT entries of "fail" or "profile" and height/weight entries which exceed the maximum weight for the standards of AR 600-9.

d. It is an individual responsibility to make sure the required entries are made on AER's. No review is made by the Soldier Support Center MPD. AER's are sent directly to PERSCOM.

## ARMY WEIGHT CONTROL PROGRAM

This section will provide you with procedures for the Army Weight Control Program.

### POLICY

All personnel assigned to USASD will be weighed semi-annually if assigned to USASD for more than 6 months. All results of the weigh-in will be forwarded as part of the APFT.

### GOALS

To ensure acceptable weight and appearance standards are maintained by all USASD personnel.

### RESPONSIBILITIES

1. The Commander, USASD, is responsible for the development and implementation of the weight control program for USASD personnel.
2. The SLO or the Senior Army Student is responsible for conducting the weigh-in at the time of the APFT.
3. The SLO or the Senior Army Student is responsible for conducting body fat measurements for students whose weight exceeds the weight standards of AR 600-9.

# ADMINISTERING THE WEIGH-IN

1. All personnel will be weighed at the time of scheduled APFT and results recorded on APFT Roster. Recommend weighing personnel after the APFT rather than before. Height and weight measurements will be taken in stocking feet.

2. Personnel whose weight exceeds the screening weight table below will have a body fat measurement to determine if body fat percentage exceeds the maximum allowable body fat percentage standard of AR 600-9 (The Army Weight Control Program). The body fat measurement will be conducted by the SLO or designated representative (males must be measured by males, females measured by females). In any case, measurement will be supervised by the SLO or the Senior Army Student. The body fat measurement will be conducted IAW AR 600-9. The measuring tape along with instructions and worksheets will be forwarded under separate letter to the SLO or the Senior Army Student to conduct the body fat measurement.

3. Personnel whose body fat percentage exceeds standards of AR 600-9 will be placed in the overweight program and flagged under provisions of AR 600-8-2 (Suspension of Favorable Personnel Actions (Flags) until such t standards are met.

EXTRACT from AR 600-9  
Table 1  
Weight for Height Table

**Table 1**  
**Weight for Height Table (Screening Table Weight)**

| Height<br>(in inches) | Male<br>Age |       |       |      | Female<br>Age |       |       |      |
|-----------------------|-------------|-------|-------|------|---------------|-------|-------|------|
|                       | 17-20       | 21-27 | 28-39 | 40 + | 17-20         | 21-27 | 28-39 | 40 + |
| 58                    | —           | —     | —     | —    | 109           | 112   | 115   | 119  |
| 59                    | —           | —     | —     | —    | 113           | 116   | 119   | 123  |
| 60                    | 132         | 136   | 139   | 141  | 116           | 120   | 123   | 127  |
| 61                    | 136         | 140   | 144   | 146  | 120           | 124   | 127   | 131  |
| 62                    | 141         | 144   | 148   | 150  | 125           | 129   | 132   | 137  |
| 63                    | 145         | 149   | 153   | 155  | 129           | 133   | 137   | 141  |
| 64                    | 150         | 154   | 158   | 160  | 133           | 137   | 141   | 145  |
| 65                    | 155         | 159   | 163   | 165  | 137           | 141   | 145   | 149  |
| 66                    | 160         | 163   | 168   | 170  | 141           | 146   | 150   | 154  |
| 67                    | 165         | 169   | 174   | 176  | 145           | 149   | 154   | 159  |
| 68                    | 170         | 174   | 179   | 181  | 150           | 154   | 159   | 164  |
| 69                    | 175         | 179   | 184   | 186  | 154           | 158   | 163   | 168  |
| 70                    | 180         | 185   | 189   | 192  | 159           | 163   | 168   | 173  |
| 71                    | 185         | 189   | 194   | 197  | 163           | 167   | 172   | 177  |
| 72                    | 190         | 195   | 200   | 203  | 167           | 172   | 177   | 183  |
| 73                    | 195         | 200   | 205   | 208  | 172           | 177   | 182   | 188  |
| 74                    | 201         | 206   | 211   | 214  | 178           | 183   | 189   | 194  |
| 75                    | 206         | 212   | 217   | 220  | 183           | 188   | 194   | 200  |
| 76                    | 212         | 217   | 223   | 226  | 189           | 194   | 200   | 206  |
| 77                    | 218         | 223   | 229   | 232  | 193           | 199   | 205   | 211  |
| 78                    | 223         | 229   | 235   | 238  | 198           | 204   | 210   | 216  |
| 79                    | 229         | 235   | 241   | 244  | 203           | 209   | 215   | 222  |
| 80                    | 234         | 240   | 247   | 250  | 208           | 214   | 220   | 227  |

## REASSIGNMENT and OUTPROCESSING

This section contains instructions on reassignment and outprocessing procedures for you to follow upon completing your period of study.

### PCS DEPARTURE DATE

According to the established USASD policy and current DA policies, your PCS departure date will be governed by your completion date and PCS assignment orders. An earlier departure is authorized if you have completed all course requirements. Departure dates later than indicated below are not authorized.

1. Your departure date will not be later than five workdays following completion date if:

- a. Your orders do not direct TDY enroute.
- b. You are not authorized to elect a TDY option.
- c. You elect TDY option #4 (see page 88).

2. If you elect TDY option #1 or #3, your departure date will be no later than 10 days after ending date of TDY, plus authorized travel time from TDY station to present duty station.

### REASSIGNMENT ORDERS

1. Your Career Personnel Management Branch will send your reassignment instructions to the Military Personnel Division, Soldier Support Center. Orders can be published as early as five (5) months if reassignment instructions are received before your departure date or on receipt thereafter. If you are authorized to elect a TDY option under the DA directed TDY schooling policy, orders will be issued after you have returned the signed TDY option form. Questions about PCS orders should be addressed to the Commander, US Army Soldier Support Center, ATTN: ATZI-PAG-TSO-M, Fort Benjamin Harrison, IN 46216-5170; AUTOVON 699-7753 or commercial (317) 543-7753, 7752, 7754.

2. MPD, will send you a PCS processing packet for overseas assignments after receipt of your reassignment instructions from HQS PERSCCM. To ensure prompt and accurate processing of your PCS orders, complete all forms requested and return by suspense date. Depending on your assignment, you may be asked to complete all or some of the following forms:

a. DA Form 4787 (Reassignment Processing). If you are assigned overseas, this form is your request for family travel, if authorized.

b. DA Form 5120-R (TDY Schooling in Conjunction with PCS Option Statement). If reassignment instructions include DA directed TDY schooling and you are authorized to elect a TDY option. You must complete and return this form before your PCS orders will be issued.

c. FBH Form 17-6-11 (Port Call Request Worksheet). Complete this form as requested by PCS processing packet (applies to CONUS to overseas only.)

d. DA Form 5121-R (Overseas Tour Election Statement). You are required to complete this form (applies to CONUS to overseas only.)

e. DA Form 4036-R (Medical & Dental Preparation for Overseas Movement). A physician must complete this form. Yellow fever immunization is required if assigned to Panama or Egypt. A series of three (3) hepatitis "B" vaccines given thirty (30) days apart are required if assigned to Korea. This form must be accurately completed before PCS orders and personnel file will be released. Civilian examination/vaccination is not authorized and will not be reimbursed.

f. An important step for your medical preparation for overseas movement is the HIV test. A PCS HIV test must be updated six months prior to arrival at next duty station. For CONUS to CONUS assignment, the HIV test must be taken every two years. Your PCS orders will not be issued until receipt of the HIV test results by the Management Section, MPD, SSC. HIV testing by a civilian medical facility is not authorized and will not be reimbursed.

g. If by the time you are ready to outprocess, you still need a duplicate panograph (full mouth) x-ray, your PCS orders will not be issued until this requirement is met.

3. Orders will be sent to your current mailing address. You should get them about 10 days after publication date (includes printing and mailing time).

4. PERSCOM must authorize all changes to reassignment instructions before orders will be amended. You are authorized to contact your Career Personnel Management Branch about your reassignment orders or you may contact MPD, AUTOVON 699-7752 or commercial (317) 543-7752/7753/7754 for help.

5. If you have not received your orders or a notification from PERSCOM within 90 days of your completion date, contact either your Career Personnel Management Branch or MPD.

TDY OPTIONS (DA DIRECTED TDY SCHOOLING IN CONJUNCTION WITH PERMANENT CHANGE OF STATION (PCS))

1. If you receive notification of DA directed TDY school in conjunction with PCS, and you have dependents, you may elect one of the following options under DA Pam 600-8-10 (Management and Administrative Procedures: Individual Assignment and Reassignment Procedures) and AR 614-6 (Permanent Change of Station Policy):

a. Option #1 -- I elect to have dependent(s) currently living in government quarters, stay in those quarters until completion of TDY period. Government travel will be allowed to and from TDY station with 10 days to move my dependents on my return from TDY. (Applies to CONUS to CONUS and CONUS to overseas movement.)

b. Option #2 -- I elect to move my dependent(s) from present CONUS or overseas station to new CONUS duty station before reporting for TDY. Ten duty days will be allowed to settle my family before TDY. (Applies to CONUS to CONUS or overseas to CONUS movement.) You must report for duty (sign in) at your new station at least 10 days, plus authorized travel time, before reporting date to TDY station. Eligibility for quarters will be based on the date you leave your last duty station if advance application (DA Form 4787) has been made according to AR 210-50 (Family Housing Management). (Not applicable to individuals being assigned to USASD for schooling or training.)

c. Option #3 -- I elect to return to present duty station on completion of TDY to move dependents living on the economy to new duty station. Ten days will be allowed on return from TDY to move and settle my family before reporting to my new station. (Applies to CONUS to CONUS and CONUS to overseas movement.)

d. Option #4 -- I elect to clear present duty station before going on TDY and have dependents go with me to TDY station or some other location at personal expense. Entitlement to dependent transportation will be based on most direct route from present duty station to new duty station. (Applies to CONUS to CONUS, overseas to CONUS, and CONUS to overseas movements.)

2. If you elect options 1, 2, or 3, a separate order for TDY and PCS may be issued, or depending on assignment, the TDY and PCS information may be issued on the same order. The above options do not apply when:

a. Directed TDY station is the same as current duty station or the same as new duty station.



b. Attending a civilian school in a permissive TDY status.

c. Elected option prevents compliance with reporting date to TDY or new duty station. Reporting dates will not be changed without the approval of your DA assignment officer.

d. Your dependents will stay in their current living quarters during next assignment (no relocation involved).

e. You are single.

#### PASSPORTS

If being reassigned overseas, each family member must have an individual passport, regardless of age. If family member passports are needed, you will need to obtain DD Form 1056 (Authority to Apply for a No-Fee Passport) from local transportation office, or contact FBH Transportation Office at Comm (317) 549-5730 AV 699-5730.

#### AUTHORIZED MODES OF TRAVEL IN CONJUNCTION WITH PCS

##### 1. CONUS to CONUS

a. You are authorized to travel by commercial transportation or private auto (PA) not to exceed coach fare or authorized mileage.

b. You may be authorized to use more than one privately owned conveyance in conjunction with a PCS under the following conditions:

(1) If more members of the family travel than can reasonably be transported together with luggage in one vehicle. "Reasonably be transported together" is considered to mean 5 or more authorized travelers.

(2) If, because of age or physical condition, special accommodations are needed to transport a family member in one vehicle and a second vehicle is required for travel of the other members of your family.

(3) If you must report to a new duty station in advance of travel by your family members who delay travel for acceptable reasons such as completion of school term, sale of property, settlement of personal business affairs, disposal or shipment of household goods and personal effects, or adequate housing not immediately available at the new duty station.

(4) If one or more of your family members travels alone between authorized points other than those for your travel (such as travel to a designated point or to the new duty station when member is TDY enroute).

(5) If, in advance of your reporting date, your family members must travel to the new duty station for acceptable reasons, such as to enroll children at the beginning of the school term.

c. If you meet the requirements for use of more than one privately owned conveyance, upon receipt of your PCS processing packet, you must submit a DA Form 4187 stating your reasons for the request to the Student Support Section, USASD. This authorization must be part of the additional instructions in your PCS orders.

## 2. CONUS to OVERSEAS (including Hawaii and Alaska).

a. You may travel by Military Airlift Command (MAC) or contract aircraft by requesting a port call. You must arrange for travel from your duty station to the port.

b. You may request authorization to travel by commercial air and be reimbursed at your new duty station. Reimbursement will not be authorized unless PCS orders show the commercial travel authorization. Rate of reimbursement cannot exceed the MAC rate. Travel cost over the MAC rate will be at your own expense. You must use a United States airline and you are not entitled to any military discount fares.

c. Travel by private auto to Alaska must be requested and authorized by overseas command (Fort Richardson) and shown on your PCS orders or dependent travel orders for you to be reimbursed. Submit request in lieu of port call.

## PORT CALL AND CONCURRENT TRAVEL

1. You are responsible for requesting your port call. The PCS processing packet includes the required form and instructions. You have the option of requesting a port call from either your local or the Fort Harrison transportation port call office. If you are attending school in Hawaii, Alaska, or a foreign country, contact the local transportation office to arrange for travel. If you are being reassigned to an unaccompanied completed tour and have TDY enroute for 30 days or more, recommend you apply for port call at your TDY station. (This does not apply to TDY periods of less than 30 days or if you elect option #1 or #3.)

2. If you are being reassigned to an area where dependent travel is authorized and you want your dependents to accompany you, submit a DA Form 4787 with your request for port call by suspense date from the PCS Processing Packet.

3. Concurrent travel must be approved by the overseas commander and normally needs a minimum processing time of 30 days from date received by the overseas command. Approval/disapproval of concurrent travel should not be expected more than 120 days from the availability date shown on your orders. (This does not apply when your orders show automatic approval of concurrent travel.) On receipt of reply from the overseas command, your orders will be amended to show either concurrent or deferred travel. It is very important that you give the Management Section, MPD, a valid mailing address and telephone number.

4. General questions about port calls or concurrent travel should be directed to the Management Section, MPD, SSC, Autovon 699-7752 or Commerical (317) 543-7752.

#### SHIPMENT OF HOUSEHOLD GOODS AND PRIVATE AUTO

1. On receipt of PCS orders, contact the nearest military installation transportation office to arrange for shipping your household goods and private auto. If you are on orders for overseas assignment and have applied for dependent travel, the transportation office will not set a specific date for pickup of household goods until you have received either deferred or concurrent travel orders for your dependents.

2. If you plan a do-it-yourself (DITY) move of your household goods, be sure you comply with instructions on page 21 (applies to CONUS to CONUS only).

#### PCS FINANCIAL MATTERS

1. Review your allotments and monthly check mailing address at least 90 days before your completion date. Send changes to Student Support Branch at least 45 days before completion date.

2. Unless otherwise indicated, you are authorized to request the following advance payments: one month's pay, travel for you and your dependents, TDY travel and per diem (if applicable), and dislocation allowance. Instructions may be found in the section on Finance on pages 33 and 34.

## PCS LEAVE

1. Approximately 90 days before your completion month, the Student Support Section will send you a blank DA Form 31 along with instructions to complete and return. Everyone departing USASD must fill out a DA Form 31. If no leave is taken, none will be charged, but the gaining finance office will need a DA Form 31 to compute actual travel time versus authorized travel time. Completed DA Form 31 must be received by the suspense date shown on instructions to allow for processing time and return mail. YOUR RECORDS WILL NOT BE RELEASED UNTIL YOUR DA FORM 31 HAS BEEN PROCESSED BY USASD. If you have not received instructions within 45 days of your completion date, contact the leave clerk.

2. Complete the DA Form 31 according to the sample shown on page 99. It must be prepared by typewriter or ballpoint pen. Make sure all copies are legible. When completing the DA Form 31, give special attention to the following items:

a. Block 8a -- "From" date. You are authorized 5 duty days for clearing. This will not include weekends or holidays. You will leave no later than the day after your authorized clearing time.

b. Block 8b -- "To" date. This date will be the report date, as published in your PCS orders, to your next permanent duty station.

c. Block 13 -- Leave address to include ZIP code, area code, and telephone number. It is important that this information be valid if it becomes necessary to contact you during your leave/travel time or if we have to mail your records to your leave address.

3. If you plan to visit any foreign country or Alaska during your PCS leave, contact the leave clerk for specific instructions before submitting your DA Form 31.

4. If you plan to ask for permissive TDY for house hunting in conjunction with your PCS leave, see instructions on the following page.

5. If your PCS orders show TDY enroute, make sure that item 26 of your DA Form 31 is completed when reporting and departing your TDY station(s). (Does not apply for TDY and return, TDY options #1, #2, or #3, unless you take leave in conjunction with TDY.)

## PERMISSIVE TDY FOR HOUSE HUNTING

1. Permissive TDY for house hunting incident to PCS may be authorized up to a maximum of 10 days when government housing or quarters is not immediately available or if available, not required to be occupied at the gaining station. If you intend to occupy government quarters, even though occupancy is not a requirement, you are not eligible for permissive TDY. Any questions should be directed to the leave clerk, before requesting TDY. Your request must be submitted on DA Form 4187 (Personnel Action) according to sample on page 99. Only one house hunting trip is authorized per set of PCS orders. Permissive TDY may be authorized under the following conditions:

a. After official written notification of PCS orders, but before departure from USASD. This period includes travel time. You must return to your duty station for at least one day after completing TDY before starting your PCS leave.

b. Together with PCS travel and leave. Submit this request at the time you submit your PCS travel.

c. On arrival at your new duty station. The new commander must make sure that government housing is not available, or if available, is not required to be occupied. Report to the Housing Referral Office (HRO) for assistance.

d. If you are scheduled for an unaccompanied tour or have received deferred travel authorization of 120 days or more. You may request permissive TDY to settle your family at a designated location.

2. If you request permissive TDY for house hunting you must get a DD Form 1747 (Status of Housing Availability) from the family housing office at your gaining installation or designated location. The DD Form 1747 will be attached to the DA Form 4187. Information on the DD Form 1747 will be used as justification for approving or denying your request.

## SHIPMENT OF RECORDS

1. Your personnel file and PCS finance documents will be mailed to your home address approximately 30 days before your completion date, as long as orders have been published and DA Form 31 processed. Also, if a PCS HIV test was required, the results must be received by the Management Section, MPD, SSC, before your files will be released.

2. If you are attending the Air Command and Staff College, Air War College, Naval Command and Staff College, Naval War College, and the Marine Schools, Quantico, Virginia, your records will be mailed to the Army Advisor.

3. If your next assignment is the United States Military Academy, West Point, New York, your personnel file and PCS finance documents will be mailed to Superintendent, USMA, ATTN: MAAG-PR, West Point, NY 10996-1985.

4. If you are attending a foreign school and being reassigned to CONUS, give USASD a CONUS address for mailing your records. If the address is not received by the Student Support Section within 15 days of completion date, records will be sent to your new duty station.

5. If you are currently assigned to an operational flying position (Naval Test Pilot School), you must get your flight records from the appropriate Flight Detachment before your departure. If you are in a nonoperational flying job, your flight records will be mailed with your personnel and finance records.

#### PCS REMINDERS

1. As you prepare to leave USASD, check the following items to make sure you have:

- a. Advised Admin Support Branch, USASD, of your correct completion date.
- b. Received copies of your orders, including all amendments.
- c. Completed and returned required forms from PCS processing packet.
- d. Completed actions required for passports, if applicable.
- e. Received port call instructions.
- f. Received approval/disapproval of concurrent travel.
- g. Submitted requests for advance pay, travel, TDY travel and per diem (if applicable), dislocation allowance, and all desired pay changes.
- h. Submitted your PCS leave on DA Form 31.
- i. Received your DA Form 1059 (Academic Report) and complied with instructions.
- j. Received your personnel, finance, and flight records, if applicable.
- k. Provided your SLO or Army Advisor a leave address and telephone number.

2. Contact Student Support Section, USASD, if you have any questions or have not received any of the above documents.

PERMISSIVE TDY-HOUSE HUNTING  
PERSONNEL ACTION  
DA FORM 4187

PCS LEAVE  
DA FORM 31

OFFICER PERSONNEL MANAGEMENT DIRECTORATE

U.S. TOTAL ARMY PERSONNEL COMMAND

Mailing Address

Total Army Personnel Command  
ATTN: TAPC-XXX-X (see below)  
200 Stovall Street  
Alexandria, VA 22332-0411

Phone Prefix

AUTOVON 221-xxxx  
Commercial  
(703) 325-xxxx

Mailing  
Address

Office Prefix  
Telephone Ext

FUNCTIONAL AREA MANAGEMENT AND DEVELOPMENT DIVISION

Development Branch

|                    |       |      |
|--------------------|-------|------|
| Civilian Education | OPB-D | 3140 |
| Military Education | OPB-D | 3160 |
| Foreign School     | OPB-D | 3168 |
| Budgeting          | OPB-E | 3143 |

Assignment Branch

|                        |       |                    |
|------------------------|-------|--------------------|
| Army Acquisition Corps | OPB-E | 3130               |
| Asg Officer (FA 97)    |       | 3124               |
| Asg Officer (FA 53)    |       | 2759               |
| Asg Officer (FA 51)    |       | 3128               |
| Foreign Area Office    | OPB-A | 3115/3119/<br>3121 |

COLONELS DIVISION

|                          |       |      |
|--------------------------|-------|------|
| Chief, Pers Asg Br       | OPC-A | 5650 |
| Asg Officer (11, 18)     | OPC-A | 5632 |
| Asg Officer (12)         | OPC-A | 5634 |
| Asg Officer (13, 47)     | OPC-A | 5631 |
| Asg Officer (14, 52, 54) | OPC-A | 5635 |
| Asg Officer (15)         | OPC-A | 5633 |
| Asg Officer (21, 49)     | OPC-A | 5636 |
| Asg Officer (25, 53, 72) | OPC-A | 5637 |
| Asg Officer (35, 48)     | OPC-A | 5652 |
| Asg Officer (31, 46)     | OPC-A | 5639 |
| Asg Officer (41, 42, 43) | OPC-A | 5640 |



Mailing  
Address

Office Prefix  
Telephone Ext

FUNCTIONAL AREA MANAGEMENT AND DEVELOPMENT DEVISION

COLONELS DIVISION

|                                   |       |           |
|-----------------------------------|-------|-----------|
| Asg Officer (44, 45)              | OPC-A | 5638      |
| Asg Officer (71, 95)              | OPC-A | 5642      |
| Asg Officer (51, 73, 74, 75, 91)  | OPC-A | 5641      |
| Asg Officer (92, 97)              | OPC-A | 5643      |
| Pers Actions/Education/Support Br | OPC-S | 7864/7880 |

COMBAT ARMS DIVISION

|                                       |        |                         |
|---------------------------------------|--------|-------------------------|
| Chief, Pers Asg Br                    | OPE    | 5467                    |
| Air Defense Mgmt Br                   | OPE-A  | 0025/0026               |
| Field Artillery Br                    | OPE-F  | 0116/0187/<br>5370/5366 |
| Armor Mgmt Br                         | OPE-R  | 9696/5531/<br>5528/5530 |
| Aviation Mgmt Br                      | OPE-V  | 0794/9366               |
| Infantry Mgmt Br                      | OPE-I  | 5510/5511               |
| Professional Services<br>Br (Sch Off) | OPE-P  | 5473/5474               |
| Special Forces Br                     | OPE-SF | 3169/3175/<br>3178      |

COMBAT SERVICE SUPPORT DIVISION

|                          |       |                         |
|--------------------------|-------|-------------------------|
| Chief, Pers Asg Br       | OPG-M | 8116                    |
| Adjutant General Br      | OPG-A | 8106/8105               |
| Finance Br               | OPG-F | 5295/9421               |
| Ordnance Br              | OPG-O | 8108                    |
| Quartermaster Br         | OPG-Q | 8119/5281               |
| Transportation Br        | OPG-T | 8112/8120               |
| Professional Services Br | OPG-P | 5490/5489/<br>5296/5210 |

COMBAT SUPPORT ARMS DIVISION

|                          |        |                    |
|--------------------------|--------|--------------------|
| Chief, Pers Asg Br       | OPF-A  | 5599               |
| Chemical Br              | OPF-CM | 5598               |
| Engineer Br              | OPF-E  | 7504/7505/<br>7506 |
| Military Police Br       | OPF-L  | 7747/7761          |
| Military Intelligence Br | OPF-M  | 5504/5506/<br>5749 |
| Signal Br                | OPF-SC | 0645/0646/<br>5679 |
| Professional Services Br | OPF-D  | 7426/7427          |
| Personnel Support Br     | OPF-S  | 5645               |

Mailing  
Address

Office Prefix  
Telephone Ext

FUNCTIONAL AREA MANAGEMENT AND DEVELOPMENT DIVISION

WARRANT OFFICER DIVISION

|  |        |                    |
|--|--------|--------------------|
| Chief                                    | OPW    | 7831/5252          |
| Admin Marine Op                          | OPW-GA | 7837/5237          |
| Criminal Investigation &<br>Intelligence | OPW-II | 7841/5231/<br>5242 |
| Communications/Electronics               | OPW-CE | 7837/5238          |
| Field Artillery                          | OPW-FA | 5239               |
| Supply/Service                           | OPW-SV | 7839/7840/<br>7841 |
| Mechanical Maintenance                   | OPW-MM | 7839/7840/<br>7841 |
| Weapons Maintenance                      | OPW-WU | 5246/5241          |
| Weapons/Utilities                        | OPW-WU | 5246/5245          |
| Aviation                                 | OPW-AV | 7835/7836          |
| Professional Services Br                 | OPW-D  | 7843/7844          |
| Personnel Actions Br                     | OPW-P  | 7833/7834          |

MEDICAL SERVICES CORPS

|                  |         |      |
|------------------|---------|------|
| Car Pln Asmnt    | OPH-MSD | 2317 |
| Mil Per Mgt Spec | OPH-MSD | 2343 |
| Admin Asst       | OPH-MSD | 2346 |
| Mil Per Tech     | OPH-MSD | 2320 |

ARMY NURSE CORPS

|                  |        |      |
|------------------|--------|------|
| Per Mgt Off      | OPH-AN | 2393 |
| Mil Per Clerk    | OPH-AN | 2330 |
| Strength Mgt Off | OPH-AN | 2393 |

ARMY MEDICAL SPEC CORPS

|                   |        |      |
|-------------------|--------|------|
| Mil Per Tech      | OPH-SP | 2365 |
| Car Pln Asmnt Off | OPH-SP | 2365 |

HEALTH SERVICES DIVISION

|               |     |      |
|---------------|-----|------|
| Admin Officer | OPH | 2300 |
|---------------|-----|------|

Mailing  
Address

Office Prefix  
Telephone Ext

FUNCTIONAL AREA MANAGEMENT AND DEVELOPMENT DIVISION

MEDICAL CORPS BRANCH

|                   |        |      |
|-------------------|--------|------|
| Car Pln Asmnt Off | OPH-MC | 2308 |
| Car Pln Asmnt Off | OPH-MC | 2348 |
| Car Pln Asmnt Off | OPH-MC | 2363 |
| Mil Per Stf Tech  | OPH-MC | 2359 |

DENTAL CORPS BRANCH

|              |        |      |
|--------------|--------|------|
| Prof Dev Off | OPH-DC | 2352 |
| Oper Admin   | OPH-DC | 2358 |
| Mil Per Stf  | OPH-DC | 2357 |

VETERINARY CORPS BRANCH

|                   |        |      |
|-------------------|--------|------|
| Mil Per Tech      | OPH-VC | 2360 |
| Care Pln Asmt Off | OPH-VC | 2360 |

## SUPPLIMENTAL INSURANCE COMPANIES

### ASSOCIATION/ADDRESS

### ELIGIBILITY

\*Air Force Association  
501 Lee Highway  
Arlington, VA  
22202-1198  
(1-800-858-2003)

Dependents of active duty personnel, retirees, and their dependents and/or their widows or widowers.

Air Force Sergeants Association  
AFSA Pla Administrator  
400 Locust Street  
Des Moines, IA 50398  
(1-800-247-7988)

All AFSA members who are eligible for CHAMPUS

American Military Assn  
PO Box 59708  
Washington, DC 20012  
(1-800-257-0257)

Any individual who is or has been a member of the armed forces: active, retired, Reserves, National Guard, ROTC, honorably separated and all Cadets of U.S. Service Academies.

American Military Retirees Assn, Inc.  
ASI  
3535 University Blvd,  
West  
Kensington, MD 20895  
(1-800-638-2610)

Members covered under (Spouses and children of members).

\*Association of the United States Army  
Plan Administrator  
2425 Wilson Blvd  
Arlington, VA 22201  
(1-800-336-4570)

Membership is open to all ranges of any Armed Service (Members of the immediate family and widows).

Association of the United States Army Service  
AUSA Plan Administrator  
400 Locust St  
Des Moines, IA 50398  
(1-800-247-7988)

Membership is open to all ranges of any Armed Service (members of the immediate family and widows).

ASSOCIATION/ADDRESS

\*Fleet Reserve Assn.  
Milicare  
2100 "M" St NW  
Washington, D.C. 20037  
(1-800-424-1120)  
(202-872-5200 Wash.,  
D.C. only)

Military Services Assn.  
Military Services Assn.  
4525 Victory Drive  
Columbus, GA 31903  
(1-800-521-2667)

National Association  
for Uniformed Services  
NAUS Insurance Program  
5535 Hempstead Way  
Springfield, VA  
22151-4094  
(703-750-1342)

Naval Enlisted Reserve  
Association  
Smith-Sternau  
Organization, INC.  
1255 23rd St NW  
Washington, DC 20037  
(1-800-424-9883)

Naval Reserve  
Association  
Smith-Sternau  
Organization, INC.  
1255 23rd St NW  
Washington, DC 20037  
(1-800-424-9883)

Noncommissioned  
Officers Association  
Academy Life Ins, Co.  
PO Box 884  
Valley Forge, PA 19487  
(215-337-1400)

ELIGIBILITY

All Members

Dependents of Active Duty  
Personnel, Retirees, and  
their family  
members and/or their  
widows, or widowers.

All Uniformed Services -  
Officer and Enlisted;  
Active and Retired;  
Regular and Reserve;  
National Guard and  
Veterans; Wives and  
Widows; Husband and  
Widowers, and certain  
former spouses.

All NERA members; Active,  
Inactive, Retired, and  
Widows.

NRA members - spouses and  
children.

NCO's with pay grade of  
E-4 and above, their  
family members and  
spouse.

National Guard Association  
Plan Administrator  
NAGAUS Insurance Trust  
734 15th St., NW #500  
Washington, DC 20005

Members of the National Guard Association of the Guard technicians, National Guard personnel on full-time military duty or active duty. Active Army and Air Force personnel assigned to duties in support of the National Guard and family members.

\*Reserve Officer Association  
ROA Plan Administrator  
400 Locust St.  
Des Moines, IA 50398  
(1-800-247-7977)

Members and their family members. Federally recognized commissioned officers or formerly commissioned officers of any five uniformed services; i.e. Army, Navy, Air Force, Coast Guard, PHS, NOAA.

\*The National Officers Association  
NOA Plan Administrator  
1304 Vincent Place  
McLean, VA 22101  
(1-800-231-1472)

Warrant and commissioned officers, active duty and retired, of the Uniformed Services, including the Reserve and National Guard Surviving spouses of deceased officers; former spouses of officers who, in their own right, are authorized CHAMPUS benefits; retired enlisted personnel who served on active duty as officers.

\*The Retired Officers Association  
TROA Plan Administrator  
400 Locust St  
Des Moines, IA 50890  
(1-800-247-2192)

Men and women who are, or have been commissioned, or Warrant Officers in any component of the seven Uniformed Services.

The Retired Enlisted Association  
The Family Guardian  
Maxon Administrators  
76 North Broadway  
Irvington, NY 10553  
(1-800-431-2688)

All retired enlisted persons, their family members and widows of retired enlisted persons and their dependents.

ASSOCIATION/ADDRESS

United Service Assn  
8027 Leesburg Pike  
Suite 710  
Vienna, VA 22180  
(1-800-USA-1962)

\*United Services  
Automobile Assn  
USAA Life Ins., Co.  
USAA Building  
San Antonio, TX 78288  
(1-800-531-8000)

\*U.S. Army Warrant  
Officers Association  
Smith-Sernau Organization, INC.  
1255 23rd St, NW  
Washington, D.C. 20037  
(1-800-424-9883)

\*USCG Chief Petty  
Officer Association  
Smith-Sternau  
(Address same as above)

\*USCG Chief Warrant &  
Warrant Officers Assn  
Smith-Sternau  
(Address same as above)

ELIGIBILITY

All family members of Active Duty Personnel, all branches of service and all grades and ranks. All retired personnel and dependents; dependents of retirees on CHAMPVA. Dependents and widows may participate without retiree participation. Also divorces spouses of retired personnel eligible for CHAMPUS/CHAMPVA MDEICARE Supplement - all persons under Social Security Medicare who have attained the age of 65.

Member of USAA and family members are eligible.

All members

Members and their family members, Membership restricted to U.S. Coast Guard Chief Petty Officers (E7/8/9), active duty, reserve or retired.

All members

# FUNCTIONAL AREA PROPONENT OFFICES

| <u>FA/MOSC</u>   | <u>Proponent</u>  | <u>Telephone</u>  |
|--|---|---|
| 4K/4R  | Office of the Chief Staff<br>Army Artificial Intelligence<br>Washington, D.C. 20310-0109                  | AV 224 6900<br>Comm(703)<br>614-6900/6905                           |
| 11   | Commandant<br>US Army Infantry School<br>ATTN: ATSH-IP<br>Fort Benning, GA 31905                          | AV 835-1115/7113<br>Comm (404) 545-<br>5402/7113/1115               |
| 12   | Commandant<br>US Army Armor School<br>ATTN: ATZK-AR-P<br>Ft Knox, KY 40121-5187                           | AV 464-5155<br>Comm(502) 624-<br>5155/3188/2162                     |
| 13   | Commandant<br>Army Field Artillery School<br>ATTN: ATSF-AF<br>Fort Sill, OK 73503-5600                    | AV 639-4970/6365<br>Comm (405) 351-<br>4970/6365/5220               |
| 14   | Commandant<br>US Army Air Defense<br>Artillery School<br>ATTN: ATSA-AC-FP<br>Fort Bliss, TX<br>79916-7004 | AV978-3022/<br>6217/7635/6740<br>Comm (915) 568-<br>5312/6217/7635  |
| 15/100,150 &<br>160 series<br>SQI's (Air<br>Traffic ,<br>Controller)<br>B (Avn Safety)<br>& J (Engr Test<br>Pilot) | Commander<br>US Army Aviation Center<br>ATTN: ATZQ-OPS<br>Fort Rucker, AL 36362-5000                      | AV 558-3423/5076/<br>4313/2359<br>Comm (205) 255-<br>3423/5076/4313 |
| 18/180A  | Commander<br>US Army JFK Special<br>Warfare Center<br>ATTN: ATSU-SP<br>Fort Bragg, NC<br>28307-5000       | AV 239-9002/5559<br>Comm (919) 432-<br>9002/5559/2415               |



| <u>FA/MOSC</u>  | <u>Proponent</u>   | <u>Telephone</u>   |
|---|--|--|
| 21/841A, 833A,<br>821A, 811A,<br>310A & 621A  | Commandant<br>US Army Engineer Center & Sch<br>ATTN: ATSE-EP<br>Ft Leonardwood MO 65473-5000                       | AV 676-6337<br>Comm 314 563-<br>6337/5351/5353                                   |
| 25, 27, 72  | Commander<br>US Army Signal<br>Center and School<br>ATTN: ATZH-POO<br>Fort Gordon, GA 30905-5300                   | AV 780-6652/<br>2267/7388<br>Comm (404) 791-<br>6652/2267/7388                   |
| 31/951A   | Commandant<br>US Army Military Police School<br>ATTN: ATZN-MP-P<br>Fort McClellan, AL 36205-5030                   | AV 865-4710<br>3817/3183<br>Comm (205) 848-<br>4710/4212/3183                    |
| 35, 36 & 37/<br>285A, 961A,<br>1462A, 964A,<br>971A, 972A,<br>973A, 982A,<br>986A, 988A | Commander<br>US Army Mil Intelligence Sch<br>ATTN: ATSI-MI<br>Fort Huachuca, AZ 85613-7000                         | AV 821-1173/1178<br>1180/1182/1184<br>Comm (602) 533<br>1173/1178/1180           |
| 41/021A   | Commander<br>US Army Soldier Support Ctr<br>ATTN: ATSG-AGC-C (FA41) or<br>Fort Benjamin Harrison, IN<br>46216-5550 | AV 699-4779/4773<br>(For 021A 699-<br>4839)<br>Comm (317) 542-<br>4771/4779/4839 |
| 42/711A<br>&<br>712A  | Commander<br>US Army Soldier Support Center<br>ATTN: ATSG-AGP<br>Fort Benjamin Harrison, IN<br>46216-5005          | AV 699-44718/<br>4735<br>Comm (317) 542-<br>4718/4735                            |
| 44  | Commander<br>US Army Soldier Support Center<br>ATTN: ATSG-FSP<br>Fort Benjamin Harrison, IN<br>46216-5005          | AV 699-6518/4727<br>Comm (317) 542-<br>4223/4323                                 |
| 45  | Headquarters<br>Department of the Army<br>Asst Sec of the Army<br>ATTN: SAFM-PO<br>Washington, DC 20310-0103       | AV 227-9423<br>AV 277-8592<br>Comm (202) 695-<br>9423 or 697-8592                |

| <u>FA/MOSC</u>                    | <u>Proponent</u>  | <u>Telephone</u>  |
|-----------------------------------|---|---|
| 46                                | Headquarters<br>HQ DA, OCPA<br>ATTN: SAPA-ZDP<br>Pentagon, Washington DC<br>20310-1504  | AV 225-3405/<br>4660<br>Comm (202) 695-<br>3405/4660          |
| 47                                | Superintendent<br>US Military Academy<br>ATTN: MAAG-PM<br>West Point, New York 10996  | AV 688-3125/2118<br>Comm (914)-938-<br>3125/2118              |
| 48                                | Headquarters<br>Department of the Army<br>ODCSOPS<br>ATTN: DAMO-SSF<br>Washington, DC 20310-0420                                    | AV 227-6927<br>Comm (703) 697-<br>5572                        |
| 49                                | Commander<br>USA TRADOC Analysis Command<br>ATTN: ATRC-FA<br>Fort Leavenworth, KS 66027-<br>5200                                    | AV 552-2744/4368<br>Comm (913) 684-<br>2744/4368              |
| 50, 54<br>Also: skills<br>3H & 5X | Commander<br>US Army Combined Arms Center<br>ATTN: ATZL-SWR-M (FA50) or<br>ATZI-SWO-P (FA54)<br>Fort Leavenworth, KS 66027-<br>5300 | AV 552-2040/3409<br>Comm (913) 684-<br>2040/3409/3146         |
| 51                                | Commander<br>US Army Material Command<br>ATTN: AMCPM<br>5001 Eisenhower Avenue<br>Alexandria, VA 22333-0001                         | AV 284-8538/9571<br>Comm (703) 274-<br>8538/9571/9572/        |
| 52                                | Commandant<br>US CMD & General Staff<br>ATTN: ATZL-SWW-N<br>Fort Leavenworth, KS 66027-<br>5300                                     | AV 552-2724/5783<br>Comm (913) 684-<br>2724/5783              |
| 53/741A                           | Commander<br>US Army Signal Center & School<br>ATTN: ATZH-POO<br>Fort Gordon, GA 30905-5200   | AV 780-6652/2267<br>7388<br>Comm (404) 791-<br>6652/2267/7388 |

| <u>FA/MOSC</u>                       | <u>Proponent</u>   | <u>Telephone</u>   |
|--------------------------------------|--|--|
| 55/713A                              | Headquarters<br>Department of the Army<br>Off of the Judge Advocate Gen<br>ATTN: DAJA-PT (DAJA-SM for<br>MOSC 713A)<br>Washington, DC 20310-2206 | AV 225-1353/1354<br>(225-1036 for WO<br>MOSC 713A<br>Proponency Off)<br>Comm (703) 695-<br>1353/1354 |
| 56                                   | Headquarters<br>Department of the Army<br>Office, Chief of Chaplains<br>ATTN: DACH-PPE<br>Washington, DC 20310-2700                              | AV 225-1409<br>Comm (703)<br>695-1409/9834   |
| 67/68                                | Commandant<br>Academy of Health Sciences<br>ATTN: HSHA-ZAC-FP<br>Fort Sam Houston, TX 78234-<br>6100   | AV471-7936/<br>4124/7862/5450<br>Comm (512) 221-<br>4124/5450/4485                                   |
| 73,75/260A,<br>271A, 411A            | Commander<br>US Army Ordnance Missile and<br>Munitions Center and School<br>ATTN: ATSK-CMT-P<br>Redstone Arsenal, AL 35897-<br>6090              | AV 788-2743/<br>6865/6864<br>Comm (205) 876-<br>9594/1908/2883                                       |
| 74                                   | Commandant<br>US Army Chemical School<br>ATTN: ATZN-CM-AP<br>Fort McClellan, AL 36205-5020   | AV 865-4056/4543<br>Comm (205) 848-<br>4056/4463   |
| 81,82,92/<br>761A/762A,<br>041A,401A | Commander<br>US Army Quartermaster School<br>ATTN: ATSM-ACZ-O<br>Fort Lee, VA 23801-5032   | AV 687-3530/4741<br>5258/4237<br>Comm (804) 734-<br>3530/4741/5258/<br>4237                          |
| 91                                   | Commander<br>US Army Ordnance Center & Sch<br>ATTN: ATSL-L-P<br>Aberdeen Proving Ground, MD<br>21005-5201  | AV 278-4400/<br>5400/5602/5700<br>Comm (301) 278-<br>4400/5400/5602/<br>5700                         |
| 95/500A, 510A                        | Commandant<br>US Army Transportation School<br>ATTN: ATSP-PN<br>Fort Eustis, VA 23604-5407   | AV 927-6260/6107<br>6670/6318<br>Comm (804) 878-<br>6260/6264/6671/<br>6318                          |

FA/MOSCProponentTelephone

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Commander  
US Army Materiel Command  
ATTN: AMCPM  
5001 Eisenhower Avenue  
Alexandria, VA 22333-0001

AV 284-9571/  
9572/9575/8538  
Comm (703) 274-  
9571/9572/9575/  
8538

99

Commander  
US Army Combined Arms Center  
ATTN: ATZL-CAM-D  
Fort Leavenworth, KS 66027-  
5300

AV 552-2040/3409  
Comm (913) 684-  
3054/3146